FEMALE ADOLESCENTS IDENTIFIED WITH EMOTIONAL DISTURBANCE AND ADJUDICATED FEMALE ADOLESCENTS: A COMPARISON OF SELF-CONCEPTS

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This study addresses the academic, social, and self-image self-concepts of females ages 13-17 who are labeled emotionally and behaviorally disordered by their public school systems and are in residential treatment, and females ages 13-17 who are adjudicated, or labeled "juvenile offenders" and are involved with the juvenile justice system. The purpose of this study is to examine and compare the self-concepts of these populations of adolescent females. Research questions focus on whether or not there is a difference in the confidence scores of self-image, academic, and social self-concepts, the importance scores of self-image, academic, and social self-concepts, and the confidence composite and outcome composite scores among female adolescents according to whether or not the female is adjudicated. Results show no statistically significant differences on seven of the eight measures. On the eighth measure, a statistically significant difference was found, with the non-offenders having a higher Outcome Confidence Composite score than the offenders.

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CHAPTER 1

INTRODUCTION TO THE STUDY

Approximately 473,663 youth in the United States are receiving special education services under the category of emotional disturbance (Cullinan & Sabornie, 2004; Mooney, Epstein, Reid, & Nelson, 2003; Turnbull, Turnbull, Shank, & Smith, 2004; U.S. Department of Education, 2002). This number represents approximately 1% of the school-age population. More reasonable estimates based on population surveys appear to be in the range of 3-6% of the student population (Achenbach & Edelbrock, 1981; Anderson & Werry, 1994; Brandenburg, Friedman, & Silver, 1990; Costello, Messer, Bird, Cohen, & Reinherz, 1998; Cullinan, Epstein, & Kauffman, 1984; Graham, 1979; Juul, 1986). Some experts believe that a more accurate identification rate is 9-10% of the school population (e.g., Walker, Zeller, Close, Webber, & Gresham, 1999). Over half these students have concurrent learning disabilities (Glassberg, Hooper, & Mattison, 1999). Of these approximately 473,000 students, about 65% are 12 years of age and older (U.S. Department of Education, 2002). The most frequent age group of students with emotional disturbance is 15 year olds (Cullinan & Sabornie, 2004).

Adolescents with emotional disturbance tend to fare poorly in school and thereafter. Academic underachievement is one of the key conditions of emotional disturbance according to federal definition, and is described as “an inability to learn that cannot be explained by intellectual, sensory, or health factors” (U.S. Department of Education, 1998, p. II-46). Over the years, research has generally led to the conclusion that adolescents with emotional disturbance function a year or more below grade level across subject areas (Kauffman, 2005; Mooney et al., 2003) and are at high risk for failure to master basic academic skills that are essential to later functioning (Gunter & Denny, 1998). Academic difficulties begin early in an educational career

and often have lasting consequences (Mooney et al., 2003). Overall, students with emotional disturbance frequently encounter academic difficulties such as lower grades, more failing grades, greater retention rates, and a greater likelihood of dropping out of school (Locke & Fuchs, 1995; Mooney et al., 2003; Turnbull et al., 2004; Wagner, 1995). About 51% of students with emotional disturbance drop out of school - this is the highest rate of dropout of any category of disability (Cullinan & Sabornie, 2004); consequently, they have low employment rates and poor employment histories (Mooney et al., 2003; Turnbull et al., 2004). In addition, poor academic achievement is related to the onset, frequency, and persistence of delinquency in children (McEvoy & Welker, 2000; Mullis, Cornille, Mullis, & Huber, 2004).

More than half of 12- to 17- year-old students with emotional disturbance receive their education primarily apart from peers without disabilities, either by not being educated in regular public schools, or in regular schools but out of general education classes more than 60% of the school day (Cullinan & Sabornie, 2004; U.S. Department of Education, 2002). Over the past decade, graduation rates for students with emotional disturbance have not improved; only 42% graduate from high school with a standard diploma (U.S. Department of Education, 2002). Despite the large numbers of young people involved with emotional disturbance, research and other professional attention have focused more on elementary than on middle or high school students with emotional disturbance (Cullinan & Sabornie, 2004; Edgar, 1987; Sabornie & deBettencourt, 1997; Zigmond, 1993).

Females with Emotional Disturbance

Research on girls identified with emotional disturbance is in particularly short supply even though they constitute 15-25% of students with emotional disturbance (U.S. Department of

Education, 1994, 1998; Wagner, 1995). Concerns about gender equity for girls, rather than about overrepresentation of boys among students with disabilities, now receive some mention in discussions about the characteristics and outcomes of students with disabilities (e.g., Wehmeyer & Schwartz, 2001b). Public interest in the underrepresentation of female students in special education reflects concern that some girls who need special education are not identified and are denied an effective educational experience (U.S. Department of Education, 1998). Although the Individuals with Disabilities Education Act (P.L. 105-17, as amended in 1997; P. L. 108-446 as amended in 2004, IDEA) requires the full, nondiscriminatory, and appropriate identification of students with disabilities, monitoring by the United States Department of Education and the better known court cases alleging discrimination in special education relate to racial, not gender, discrimination (Oswald, Best, Coutinho, & Nagle, 2003).

Relatively few research studies collect data by gender (Asch & Fine, 1988), and those that do have had limited impact on policy makers, educators, or the research community at large (Oswald et al., 2003). The United States Office for Civil Rights (OCR) has collected nationally representative data by gender and ethnicity/race for over 20 years but most reports and media coverage have focused on race differences and allegations of racial discrimination. Although the 1997 amendments to the Individuals with Disabilities Education Act (IDEA) required states to collect the annual child count data by ethnicity, the mandate did not extend to counts by gender. With the 2004 amendments, states are now required to collect data with regard to gender. The data suggest that this lack of attention is not necessarily unjustified. Since the 1960s the overall male to female ratio in special education has fallen between 2:1 and 3:1 (Bentzen, 1966; Hayden-McPeak, Gaskin, & Gaughan, 1993; Mumpower, 1970), with the male to female ratio for students with learning disabilities (LD) and emotional disturbance (ED) often much higher

(Callahan, 1994). The National Longitudinal Transition Study reported that about two thirds of all students with disabilities at the secondary level were boys (U.S. Department of Education, 1998; Valdes, Williamson, & Wagner, 1990). The greatest disparities are found for students with LD and students with ED where 73% and 76% of the students, respectively, are males (Valdes et al., 1990). Across studies that look at gender differences, there is evidence that girls' IQs are lower than boys' at the time of admission to special education services (Gottlieb, 1987; Mercer, 1973; Phipps, 1982; Wagner et al., 1991; Wehmeyer & Schwartz, 2001a); some evidence shows that girls are likely to be served in more restrictive placements (Gillespie & Fink, 1974; Wehmeyer & Schwartz, 2001a); and some studies report that girls are older than boys when identified for services (e.g., Kratovil & Bailey, 1986; Phipps, 1982). Although services received by boys and girls with disabilities when in school are similar (Wagner et al., 1991), many studies report poorer postschool outcomes for girls as compared to boys; girls have a lower likelihood of employment, lower wages, fewer hours worked per week, and less job stability (Doren & Benz, 1998, 2001).

In the female delinquent population, high rates of psychopathology have been reported, with conduct disorder, substance abuse, depression and anxiety being particularly frequent (Kataoka et al., 2001; Kosky, Sawyer, & Gowland, 1990; Pliszka, Sherman, Barrow, & Irick, 2000; Richards, 1996; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Ulzen & Hamilton, 1998; Wood, Foy, Goguen, Pynoos, & James, 2002). However, much like the female population of adolescents with emotional and behavioral disorders, the needs of the female juvenile offender are underrepresented in the literature because this group is underrepresented in the offender population (Dixon, Howie, & Starling, 2004). The vast majority of research in the field of juvenile justice has not conceptualized female delinquency independently from male delinquency

(Adler, 1975; Campbell, 1991; Calhoun, 2001; Chesney-Lind & Sheldon, 1998). The outcome of this practice was masculine conceptualizations of the etiology of female juvenile offending (Chesney-Lind & Sheldon, 1998).

Self Concept

For children and adolescents, school represents the most critical context outside of the family for the development of self-perceptions (Purkey, 1970). School experiences affect students' perceptions of their academic ability, social acceptance, popularity, behavior, self-efficacy, and even physical attractiveness (Elbaum & Vaughn, 2001). In turn, students' self-perceptions of academic ability can affect their school performance (Marsh, 1990b; Marsh & Yeung, 1997, 1998), motivation for academic tasks (McInerney, Roche, McInerney, & Marsh, 1997), career orientation (McInerney et al., 1997), and expectations for future success (Boersma & Chapman, 1991). Given the key role of school experiences in shaping student's self-perceptions, particularly their academic self-concept, students who experience severe academic difficulty are considered to be particularly at risk for poor self-concept and its adverse consequences (Elbaum & Vaughn, 2001).

How students feel about themselves during the school years can have important consequences for their later development and psychological well-being (Elbaum & Vaughn, 2001). Overall, people who view themselves positively tend to be happier than those who do not (Swann, 1996). Moreover, once formed, negative self-perceptions can be extremely resistant to change (Swann, 1996). Positive self-concept is considered an important aspect of social competence (Vaughn & Hogan, 1990), and its absence has been associated with multiple developmental, behavioral, and clinical phenomena (Bracken, 1996), including depression and

learned helplessness. Moreover, there is now widespread agreement that self-concept is multidimensional (Marsh & Hattie, 1996), and that a critical dimension of self-concept for school-age children is academic self-concept (Byrne, 1996).

Concurrent with the transition from primary to secondary school is the beginning of adolescence. Clear evidence has been found for negative psychological, social, and academic changes among adolescents during the transition to secondary school (Simmons & Blyth, 1987; Tonkin & Watt, 2003). In addition to declines in self-concept (Roeser, Midgley, & Urdan, 1996; Midgley, Feldlaufer, & Eccles, 1989a; Simmons & Blyth, 1987; Simmons, Blyth, Van Cleave, & Bush, 1979; Yates, 1999), declines have been found for academic performance (Anderman & Midgley, 1997; Watt, 2000), motivation (Harter, Whitesell, & Kowalski, 1992), quality of teacher/student relationships (Midgley et al., 1989a; Midgley, Feldhaufer, & Eccles, 1989b), and perceived quality of school life (Eccles et al., 1993; Roeser et al., 1996; Ward et al., 1982). Similarly, negative attributes such as psychological distress (Harter, 1982; Hirsch & Rapkin, 1987; Nottelmann, 1986; Roeser et al., 1996; Simmons et al., 1979; Trent, 1992 [as cited in Tonkin & Watt, 2003]; Trent, Russell, & Cooney, 1994), feelings of alienation (Tonkin & Watt, 2003), and anti-social behavior (Blyth, Simmons, & Bush, 1978; Seidmann, Allen, Aber, Mitchell, & Feinman,1994; Wigfield, Eccles, Iver, Reuman, & Midgley, 1991) were amplified over the transition.

Statement of Problem

Adolescence has been targeted as an especially important developmental period for self-concept formation (Kling, Hyde, Showers, & Buswell, 1999). How adolescents feel about themselves can have important consequences for later development and psychological well-being

(Elbaum & Vaughn, 2001). Positive regard for the self has long been viewed as an essential component of mental health. Empirical research supports such theories by demonstrating robust links between self-concept and functioning in several psychological domains (Baumeister, 1998; Harter, 1998).

Female adolescents with serious emotional disturbance have fewer and poorer social skills than their non-disabled peers; and experience lower academic achievement and higher incidences of psychiatric conditions, particularly conduct disorder problems. These characteristics have been linked to lower high school graduation rates, limited postsecondary participation, fewer employment opportunities, less financial independence, and more limited interpersonal relationships (Armstrong, Dedrick, & Greenbaum, 2003; Davis & Vander Stoep, 1997; Edgar, 1985; Kazdin, 1993; Loeber, 1991; Marder & D'Amico, 1992; Wagner, 1991; Wagner, Blackorby, Cameto, & Newman, 1993; Wagner, D'Amico, Marden, Newman, & Blackorby, 1992). At a time when crime among juvenile females is rising and has the potential to become a leading public health concern (Dixon, Howie, & Starling, 2004; Office of Juvenile Justice and Delinquency Prevention, 1999; Rutter, Giller, & Hagell, 1998), it is important that we have a comprehensive understanding of the psychological profile of young female offenders in order to identify and service their unmet needs.

Purpose

This study addresses the academic, social, and self-image self-concepts of females ages 13-17 who are labeled emotionally and behaviorally disordered by their public school systems and are in residential treatment, and females ages 13-17 who are adjudicated, or labeled "juvenile offenders" and are involved with the juvenile justice system. The purpose of this study is to

examine and compare the self-concepts of these populations of adolescent females. Research questions focus on whether or not there is a difference in the confidence scores of self-image, academic, and social self-concepts, the importance scores of self-image, academic, and social self-concepts, and the confidence composite and outcome composite scores among female adolescents according to whether or not the female is adjudicated.

Research Questions

Eight research questions were used to guide this study:

1. Is there a difference in the mean Self-Confidence Self-Image score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
2. Is there a difference in the mean Self-Confidence Academic score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
3. Is there a difference in the mean Self-Confidence Social score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
4. Is there a difference in the mean Self-Confidence Composite score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
5. Is there a difference in the mean Importance Self-Image score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
6. Is there a difference in the mean Importance Academic score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
7. Is there a difference in the mean Importance Social score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
8. Is there a difference in the mean Outcome Confidence Composite score between female adolescents who are adjudicated and female adolescents who are not adjudicated?

Significance

Adolescents with emotional disturbance are at risk for a number of negative outcomes in academic, social, and affective domains. These adolescents experience difficulties in self-

concept as well as in peer relationships, externalizing and internalizing behavior patterns, school adjustment, and social skills (Gresham, 1985; Gresham & Elliott, 1990; Kauffman, 2005; Kauffman et al., 1991; McConaughy, 1993). These behavior patterns have long term effects on students' adjustment status in later life and, in many cases, predict adult mental health difficulties (Cowen, Pederson, Babigian, Izzo, & Trost, 1972; Hartup, 1983; Parker & Asher, 1987). Difficulties in self-concept are also part of the diagnostic or associated features for a number of disorders specified in the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition* (*DSM-IV*; American Psychiatric Association, 2000), including major depressive disorder, dysthymic disorder, attention deficit hyperactivity disorder, and learning disorders in reading, mathematics, and written expression (Gresham, 1995). Further, with the increase in female offending, coupled with the serious long-term implications of early offending, studies on females with emotional disturbance and female juvenile offenders have become critical in order to adequately address intervention and prevention strategies for these subsets of the population.

Assumptions

There are several assumptions of this study. One of the assumptions is that the females in the juvenile justice system meet the criteria for conduct disorder. A girl can be adjudicated as delinquent for just one act, but most incarcerated girls meet the criteria for conduct disorder (Myers, Burket, Lyles, Stone, & Kemph, 1990; Pajer, 1998). Another assumption of this study is that the females participating will be open and honest in answering the questions on the self-report.

Limitations

A limitation of this study is that the subjects may not be representative of the entire population of females in each of the categories considered. The subjects for this study will come from the Midwest. Based on this, it may not be reasonable to generalize findings to these populations throughout the nation. Further, educational placements and juvenile justice systems vary widely across states, making generalizations even more difficult. Also, within states, school districts use differing criteria for eligibility to receive special education services, making generalizations even more daunting. Another limitation to the study involves possible small sample sizes in, for example, the category of race/ethnicity due to the part of the country available to the researcher and females being underrepresented both in special education and the offender population.

Definition of Terms

- Adjudicated youth: Youth who have had contact with the juvenile justice system through arrests and court hearings, but are not currently residing within the system (Pajer, 1998).
- Antisocial behavior: Behaviors that violate major social norms, rules, and expectations (Kazdin, 1998). These include behaviors such as aggressive acts, property damage, cruelty to people, cruelty to animals, theft, vandalism, firesetting, lying, truancy, and running away.
- Comorbidity: Disorders that occur at the same time in one individual such as learning disabilities and emotional disturbance (Achenbach & McConaughy, 1997; Forness, Kavale, & Lopez, 1993; Nottelmann & Jensen, 1995; Richardson, McGauhey, & Day, 1995; Tankersley & Landrum, 1997; Wicks-Nelson & Israel, 2000).

- Conduct disorder: A persistent pattern of antisocial behavior that significantly impairs everyday functioning at home or school and leads others to conclude that the youth is unmanageable, incorrigible, or beyond parental control (Kazdin, 1994, 1998; Walker, 1995; Walker, Ramsey, & Gresham, 2004).
- Delinquent behavior: Behavior committed by a youth that could result in apprehension by legal authorities. Many delinquent acts, or behavior, do not result in arrests (Kauffman, 2005).
- Emotional disturbance: Youth who exhibit at least one of the five criteria for this disability category under the federal definition, and who also meet the three limiting criteria of severity under the federal definition (Gresham, 1999).
- Incarcerated youth: Youth who are currently serving time in a juvenile detention center or youth prison (McIntyre, 1993).
- Psychopathology: The study of the origin, development, and manifestations of mental or behavioral disorders (Dixon, Howie, & Starling, 2004).
- Self-concept: A complex, interactive network of self-perceptions a person hold about his or her confidence in enacting certain behaviors and in having certain culturally valued personal attributes (Gresham, Elliott, & Evans-Fernandez, 1993).
- Status offenses: Acts that are illegal only when committed by a minor such as truancy, running away from home, buying or possessing alcoholic beverages, and sexual promiscuity (Kauffman, 2005).

CHAPTER 2

REVIEW OF LITERATURE

Introduction

In examining the previous literature on female adolescents with emotional and behavioral disorders and female adjudicated youth, searches were conducted through Ebscohost using several databases. Keywords used in searches included females in conjunction with: students with emotional and behavioral disorders, self-concept, serious emotional disturbance, disruptive behavior problems, conduct disorder, adjudicated youth, academic achievement, academic status, academic self-concept, behavior status, and gender specific. I also perused the reference lists of found articles and conducted specific searches for relevant articles, books, and dissertations.

In this chapter, the author discusses several concepts inherent to understanding this study including emotional disturbance, conduct disorder, comorbidity, adjudicated youth, causes of emotional disturbance, and outcomes for youth with emotional disturbance. Characteristics of females with emotional disturbance and female juvenile offenders are examined with attention given to pathways to antisocial behavior for females and trends in female delinquency. Risk factors for female delinquency and protective factors that keep females with these characteristics from offending are also discussed. Finally, self-concept and the impact of self-concept on females are examined.

Definitions of Emotional Disturbance

Emotional disturbance (ED) is a category of disabilities identified in federal law and regulation as well as in similar legal material of many states (Cullinan, Osborne, & Epstein,

2004). Due to the many and varying problems that students with this disability exhibit, consensus among professionals concerning the definition of emotional disturbance is elusive.

Federal Definition

Emotional disturbance (ED) is a category of disabilities identified in federal law and regulation. In the Individuals with Disabilities Education Act, emotional disturbance is defined thusly:

> (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
>
> (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
>
> (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
>
> (C) Inappropriate types of behavior or feelings under normal circumstances.
>
> (D) A general pervasive mood of unhappiness or depression.
>
> (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
>
> (ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. (U.S. Department of Education, 1998, p. II-46)

According to the definition, a student exhibiting at least one of the five characteristics (A-E) may qualify for services under the category of emotional disturbance.

Although emotional disturbance is a single federal category of education disability, students with emotional disturbance may show various problems primarily related to social, personal, and educational issues (Cullinan & Sabornie, 2004). This is expected, based on the federal definition of emotional disturbance, which explicitly encompasses diverse behavior, emotion, and cognition problems. This definition has been criticized as being, among other things, ambiguous and unscientific (Forness & Kavale, 2000; Forness & Knitzer, 1992;

Kauffman, 2005; Nelson, Rutherford, Center, & Walker, 1991; Wood et al., 1997). However, these criticisms have been presented and debated primarily on logical rather than empirical grounds: There are few studies that have measured the definition's key constructs or evaluated how the definition influences identification of students, educational interventions, or other effects of its use (Cullinan & Sabornie, 2004).

Proposed Definition

Identifying students with emotional disturbance is challenging because of "possible misinterpretation, stigma, and lack of a common understanding about the nature of these disorders" (Forness & Kavale, 2000, p. 264). Moreover, the IDEA definition conflicts with a definition that many health professionals and educators rely on. The proposed definition of emotional disturbance reads:

(i) The term *emotional* or *behavioral disorder* means a disability that is:

(A) characterized by behavioral or emotional responses in school programs so different from appropriate age, cultural, or ethnic norms that the responses adversely affect educational performance, including academic, social, vocational, or personal skills;

(B) more than a temporary, expected response to stressful events in the environment;

(C) consistently exhibited in two different settings, at least one of which is school-related; and

(D) unresponsive to direct intervention applied in general education, or the condition of a child such that general education interventions would be insufficient.

(ii) The term includes such a disability that coexists with other disabilities.

(iii) The term includes a schizophrenic disorder, an affective disorder, an anxiety disorder, or another sustained disorder of conduct or adjustment, affecting a child if the disorder affects educational performance as defined in paragraph (A). (Forness & Kavale, 2000)

One major difference between the two definitions is that the IDEA definition excludes students with social maladjustment, a term that usually refers to students whose behavior conflicts with society in general but is an adaptive, often peer-approved response to their environment (Turnbull et al., 2004; U. S. Department of Education, 2002). By excluding them, IDEA implies that such students choose to break societal rules but that students with IDEA-conforming emotional or behavioral disorders break those rules as a direct result of their disability (Costenbader & Buntaine, 1999). In other words, as Turnbull et al. (2004) contend, IDEA regards students with emotional or behavioral disorders as victims of their impairments but considers students who are antisocial or socially maladjusted as blameworthy and worthy to be controlled, contained, or punished. The term *social maladjustment* is vague. Many students may be masking depression or other behavioral disorders behind their social maladjustment (Forness & Kavale, 2000). Nelson et al. (1991) point out that because of the exclusion of children who are socially maladjusted, many of these students, who are most in need of services and interventions, do not receive needed special education and related mental health services.

Conduct Disorder

Conduct disorder is a persistent pattern of antisocial behavior that significantly interferes with school, family, and social functioning (Gresham, 1999; Sprague, 2000; Walker et al., 2004). Students with conduct disorders violate the basic rights of others or violate major age-appropriate societal rules and norms. The American Psychiatric Association (2000) has identified four categories of conduct disorders: (a) aggressive conduct, resulting in physical harm to people or animals; (b) nonaggressive conduct, causing property loss or damage; (c) deceitfulness or theft; and (d) serious rule violations. School truancy and running away are common examples of

conduct disorder. Students with the condition exhibit little empathy for others. Their self-esteem is low or overly inflated (Turnbull et al., 2004). In some states, conduct disorder is considered a social maladjustment rather than an emotional or behavioral disorder and is not included in the IDEA definition. The result is that students with conduct disorder may never receive needed interventions.

Students with emotional or behavioral disorders, by definition, have identifiable behavioral patterns that generally fall into one or both of two categories: externalizing or internalizing (Achenbach & Edelbrock, 1981; Gresham, Lane, MacMillan, & Bocian, 1999). Externalizing behaviors are defined as persistent aggressive, acting-out, and noncompliant behaviors that often characterize conduct and oppositional defiant disorder (Walker et al., 2004). Also, students with externalizing behaviors are more likely to exhibit behavioral earthquakes, that is, high intensity but low frequency behavioral events such as setting fires, assaulting people, or exhibiting cruelty, than their peers are (Gresham et al., 1999). Internalizing behaviors include withdrawal, depression, anxiety, obsessions, and compulsions. Students with internalizing behaviors have poorer social skills and are less accepted than their peers are (Gresham et al., 1999). They tend to blend into the background to the point that teachers forget they are in the classroom. Because their behaviors are not as disruptive, they are less likely to be identified for special education services. It is sometimes assumed that internalizing problems do not pose the long-term risks associated with externalizing problems; however Rubin, Chen, McDougall, Bowker, & McKinnon (1995) found that the level of social withdrawal of second grade students predicted their low self-regard and loneliness when they were in ninth grade.

Youth with emotional disturbance may be socially withdrawn, but most are aggressive toward others (Kauffman, 2005). Typically, they experience academic failure in addition to

social rejection or alienation. They usually are not popular or leaders among their peers. If they have status among their peers, it is usually because of their antisocial behavior. Their friends, if they have any, are usually antisocial or social misfits. They may make friends initially but do not know how to keep them (Miller-Johnson, Coie, Maumary-Gremaud, Lochman, & Terry, 1999; Poulin & Boivin, 1999; Xie, Cairns, & Cairns, 1999). Emotional and behavioral problems of all types are interrelated, and seldom does a youth have difficulties of only one type (Tankersley & Landrum, 1997).

Comorbidity

Researchers and clinicians frequently find that children and youth exhibit more than one type of problem or disorder (Achenbach & McConaughy, 1997; Forness, Kavale, & Lopez, 1993; Nottelmann & Jensen, 1995; Richardson, McGauhey, & Day, 1995; Tankersley & Landrum, 1997; Wicks-Nelson & Israel, 2000). Multiple classifications may be more common than single classifications. For example, a youngster who exhibits conduct disorder may also be depressed, one with schizophrenia may also exhibit conduct disorder, or a youth may be rated high on both externalizing and internalizing behaviors because the behavior vacillates quickly from one extreme to the other (Kauffman, 2005). A word commonly used to describe the co-occurrence of disorders is comorbidity. The term is used frequently with youth labeled emotionally disturbed as they commonly carry multiple diagnostic labels. Some researchers have identified patterns of comorbidity that put children at particularly high risk of school failure and later incarceration (Gresham, MacMillan, Bocain, & Ward, 1998; Lynam, 1996).

Indirect research evidence (Forness, Kavale, & Walker, 1999; Nottelman & Jensen, 1995) supports the informal observations of those who teach and otherwise serve students with

emotional disturbance that many of these students have multiple severe problems. Research has indicated that comorbidity of mental disorders among children and adolescents is not a rare phenomenon (Cullinan & Epstein, 2001). Exactly how common comorbidity is has been difficult to specify, and estimates of its prevalence have varied widely (Anderson, Williams, McGee, & Silva, 1987; Bird, Gould, & Stagezza, 1993; Costello et al., 1988; Kashani, Orvaschel, Rosenberg, & Reid, 1989; Offord et al., 1987). Research also indicates that, compared to young people with only one identified mental disorder, those with comorbid disorders are more prone to poorer outcomes (Bussing, Zima, Belin, & Forness, 1998; Nottelman & Jensen, 1995), including worsening mental disorders as well as arrests, substance abuse, and other problems. Similarly, students who evidence two or more characteristics of emotional disturbance tend toward poorer outcomes (Cullinan & Epstein, 2001).

Over half of the students identified as having emotional disturbance also have concurrent learning disabilities (Glassberg et al., 1999). The relationship between academic and social behaviors seems to be reciprocal: Students who experience failure in one area also tend to experience failure in the other (Jolivette, 2000). Most students (71%) with emotional disturbance also have expressive and/or receptive language disorders (Benner, Nelson, & Epstein, 2002). Further, research on students with attention deficit hyperactivity disorder combined type show that there is a strong overlap between this condition and oppositional defiant disorder and conduct disorders (Nolan, Volpe, Gadow, & Sprafkin, 1999).

Adjudicated Youth

It is generally contended that most or all incarcerated delinquents logically fall into the IDEA category of “emotionally disturbed” (Kauffman, 2005). However, the current federal

definition specifically excludes youngsters who are “socially maladjusted but not emotionally disturbed.” Delinquent behavior may be said to reflect social maladjustment rather than emotional disturbance, and juvenile delinquents are therefore often excluded under IDEA unless they have mental retardation, learning disabilities, physical or sensory impairments, or mental illness as determined by a psychiatrist (Leone, Rutherford, & Nelson, 1991; McIntyre, 1993; Murphy, 1986; Nelson, 1987; Wood, 1987).

Researchers have consistently found that disabilities are common in delinquents, with learning disabilities the most prevalent disabling condition (Jarvelin, Daara, Rantakillio, Moilanen, & Ishohanni, 1995; Murphy, 1986; Nelson, Rutherford, & Wolford, 1987; Siegel & Senna, 1994; Zabel & Nigro, 1999). This finding seems reasonable given the high degree of comorbidity of emotional or behavioral disorders with learning disabilities (Glassberg et al., 1999). Nevertheless, the fact that a youth has been adjudicated and assigned to a correctional institution, or correctional program if the youth is female, is apparently not in itself considered an indication that he or she is disabled or in need of special education services (Gilliam & Scott, 1987; McIntyre, 1993). It requires curious turns of logic, however, to conclude that many incarcerated youths do not have emotional or behavioral disorders and are not entitled to special education under the law (Kauffman, 2005). If behavioral disorders include both overt and covert antisocial behavior (socialized and undersocialized conduct disorder as described by Kauffman, 2005; Kazdin, 1994; Quay, 1986a, 1986b), then finding incarcerated youth who do not have emotional disturbance is a logical impossibility.

In the female delinquent population, high rates of psychopathology have been reported, with conduct disorder, substance abuse, depression and anxiety being particularly frequent (Kataoka et al., 2001; Kosky et al., 1990; Pliszka et al., 2000; Richards, 1996; Teplin et al., 2002;

Ulzen & Hamilton, 1998; Wood et al., 2002). Youngsters with mental illness are often incarcerated, with the diagnosis of conduct disorder used as a rationale for incarcerating rather than providing mental health services to these youth (Campbell, Porter, & Santor, 2004; Dixon et al., 2004; Ginsburg & Demeranville, 1999; Hartwig & Myers, 2003; McCabe, Lansing, Garland, & Hough, 2002; Mullis et al., 2004). Further, conduct disorder is frequently accompanied by emotional or behavioral disturbances of other types (Forness et al., 1999; Kazdin, 1994; Pullis, 1991; Webster-Stratton & Dahl, 1995). If higher levels of delinquent conduct indicate higher levels of psychopathology, and if youth who commit more frequent and more serious delinquent acts are more likely to be incarcerated, then the argument that all or nearly all incarcerated youth are disabled is supported.

Most incarcerated girls meet the criteria for conduct disorder (Myers et al., 1990). Neither conduct disorder nor delinquency is rare among girls (Pajer, 1998). One review reported that conduct disorder is the second most common diagnosis given to adolescent girls (Zoccolillo, 1993), and another investigation revealed that 8% of 17 year-old girls met the criteria for the disorder (Kashani et al., 1989). A large epidemiologic study of 15 year-old girls reported that 7.5-9.5% met the criteria for conduct disorder compared to 8.6-12.2% of boys (Ferguson, Horwood, & Lynskey, 1993).

Causes of Emotional Disturbance

Seldom can professionals determine with absolute confidence the causes of students' emotional or behavioral disturbance (Sternberg & Grigorenko, 1999). Nonetheless, it is commonly accepted that several factors probably interact with each other to contribute to the presence of emotional or behavioral disorders. It is common knowledge that genetics influence

children's physical characteristics. Only recently has it been clear that genetics also influence their behavioral characteristics, including anxiety disorders, depression, schizophrenia, oppositional defiant disorder, and conduct disorder (Bassarath, 2001).

Although many families who live in poverty are emotionally healthy, the risk of a student developing emotional or behavioral disturbances is more likely in impoverished circumstances than in abundant ones. A national longitudinal study of students with disabilities indicated that 38% of the youth with emotional or behavioral disturbances came from households with an annual income of under $12,000 and another 32% came from households with an income of $12,000 to $24,999 (Fujiura & Yamaki, 2000). Further, 44% came from single parent households. Low income and single parent status are highly correlated (Fujiura & Yamaki, 2000). Another issue relative to living conditions is foster care. Research suggests that children in volatile foster care placements are more likely to develop internalizing and externalizing behavior disorders than are those in more stable placements (Newton, Litronik, & Lansverk, 2000).

In a national survey, 556 teachers of students with emotional and behavioral disturbances report that approximately 38% of their students had been abused physically or sexually, 41% have been neglected, and 51% have been abused emotionally; some have suffered more than one kind of maltreatment (Oseroff, Oseroff, Westling, & Gessner, 1999). Students who experience peer rejection and aggression at school may be more likely to develop conduct disorders (Miller-Johnson et al., 1999).

Outcomes for Students with Emotional Disturbance

Most students who are identified with emotional disturbance have a multitude of

problems with which to contend. Studies show that the outcomes for these students are very poor when compared with their non-disabled peers. Adolescents with emotional disturbance, compared to their peers without emotional disturbance, have poorer social skills, lower academic achievement, and higher incidences of psychiatric conditions, particularly conduct disorder problems (Arnett, 1992; Bachman, Johnston, O'Malley, & Schulenberg, 1996; Clark & Davis, 2000; Clark & Foster-Johnson, 1996; Davis, 2000 [as cited in Armstrong, Dedrick, & Greenbaum, 2003]; Davis & Vander Stoep, 1997). These characteristics have been linked to lower high school graduation rates, limited postsecondary participation, fewer employment opportunities, less financial independence, and more limited interpersonal relationships (Davis & Vander Stoep, 1997; Edgar, 1985; Kazdin, 1993; Loeber, 1991; Marder & D'Amico, 1992; Wagner, 1991; Wagner, Blackorby, Cameto, & Newman, 1993; Wagner, D'Amico, Marden, Newman, & Blackorby, 1992). Previous research has shown that young adults with emotional disturbance are more likely to be involved in activities that compromise their health and well-being (Kazdin, 1992, 1993; Loeber, 1991; Patterson, DeBaryshe, & Ramsey, 1989). Substance abuse and criminal activity are risk behaviors found to be well above the norm for youth with emotional disturbance as reported by the National Adolescent and Child Treatment Study (Greenbaum et al., 1996).

Characteristics of Female Adolescents with Emotional Disturbance

Although there are many assessment procedures available to document emotional and behavioral problems of adolescents (e.g., Breen & Fiedler, 2003; Bullock & Wilson, 1989; Mash & Terdal, 1997; McCarney & Leigh, 1990; Salvia & Ysseldyke, 1998; Shapiro & Kratochwill, 2000), few, if any, are designed to be linked to the characteristics and features of emotional

disturbance as defined in the Individuals with Disabilities Education Act (Cullinan, Osborne, & Epstein, 2004). The lack of direct, unambiguous linkages between definition and assessment procedures has impaired efforts to understand the characteristics of students with or at risk for emotional disturbance, to improve the identification of such young people, and to communicate clearly among practitioners and researchers (Cullinan et al., 2004).

There is abundant research on various diagnosed mental disorders and other clinically significant patterns of emotional and behavioral maladaptation of children and adolescents, including those that seem similar to the characteristics of emotional disturbance (Cullinan, 2002). Reviews have addressed, for example, problems of social interaction and friendship (La Greca & Prinstein, 1999; McFayden-Ketchum & Dodge, 1998), aggression and oppositional behavior (McMahon & Wells, 1998; Quay, 1999), depression (Kazdin & Marciano, 1998; Stark, Bronik, Wong, Wells, & Ostrander, 2000), and anxiety (Barrios & O'Dell, 1998; Rabian & Silverman, 2000). Yet, it is unclear how well research on child and adolescent psychopathology applies to the five characteristics of emotional disturbance among students.

Knowledge is limited as to how well the definition captures important characteristics of adolescent students with emotional disturbance because so little educational research has been conducted on its eligibility characteristics among such students. Epstein, Kinder, and Bursuck (1989) reviewed 15 studies of learning problems and academic status of adolescents with emotional disturbance, concluding that these youth had more problems in math and reading than did comparable students without disabilities, and that their academic achievement was not commensurate with their chronological ages. Adolescents with emotional disturbance were found to be more likely to fail courses than either students without disabilities or students with learning disabilities (Wagner, Blackorby, & Hebbeler, 1993). After examining the educational

performance of students with emotional disturbance ages 9 to 17 years, Greenbaum et al. (1996) found 58% to be performing below grade level in reading and 93% below grade level in math.

Sabornie, Kauffman, and Cullinan (1990) examined the regular classroom social status of high school students with emotional disturbance and found that adolescents with emotional disturbance were more likely to be rejected and less likely to be accepted by peers than either students without disabilities or matched (on grade, gender, and race) students with learning disabilities. Middle school general and special education teachers judged students with emotional disturbance to exhibit less peer-preferred social behavior than students without disabilities (Sabornie, Thomas, & Coffman, 1989). The relationship problems of adolescents and young adults with emotional disturbance extend beyond the classroom. Bullis, Nishioka-Evans, Fredericks, and Davis (1993) found relationship problems to be common in youth with emotional disturbance in work environments; Bullis, Bull, Johnson, and Johnson (1994) found the same to be true in community living settings.

Epstein, Cullinan, and Rosemier (1983) found that adolescents with emotional disturbance exceeded peers without disabilities on conduct disorder, a multivariate factor of teacher-rated behavior problems reflecting aggression, defiance, and destructiveness. This finding was replicated with female adolescents (Cullinan, Schultz, Epstein, & Luebke, 1984). Cullinan et al. (1984) examined specific teacher-rated emotional and behavior problems among adolescent students with and without emotional disturbance, subdivided by gender and level in school (middle, high school). For both genders and levels, students with emotional disturbance showed greater inappropriate behavior such as disruptiveness, fighting, disobedience, and destructiveness, than peers without emotional disturbance, although there were a few exceptions to this generality among high school girls. Tobin and Sugai (1999) found middle school students

with emotional disturbance to be referred for violence, fighting, and other discipline problems significantly more frequently than peers without disabilities.

In a study of self- and teacher-reported depression among students, Newcomer, Barenbaum, and Pearson (1995) found that adolescents with behavior disabilities were more depressed than peers with no disabilities. Using a self-report instrument of suicide-related behavior, Miller (1994) found that adolescents with emotional disturbance reported more suicidal ideation and suicidal attempts than those without disabilities. Among the adolescents with emotional disturbance, girls reported more suicidal ideation and attempts than did boys. Maag and Behrens (1989) found that about 21% of junior and senior high school students with emotional disturbance reported severe depression, with junior high students more depressed than senior high students. Newcomer et al. (1995) assessed anxiety as well as depression among adolescents. Both teacher- and self-reported data revealed that students with emotional disturbance were more anxious than their peers without disabilities.

These studies found that for each of the five characteristics of emotional disturbance in the federal definition, adolescents with emotional disturbance show significantly greater problems than those without emotional disturbance. This is not unexpected, however, this information is very incomplete. For instance, very few of the studies address possible variations by student age, gender, or race/ethnicity. Also, only one study has compared students with and without emotional disturbance on all five of the characteristics in the federal definition; in fact, very few studies addressed more than one characteristic.

Cullinan et al. (2004) performed a study that addressed characteristics of emotional disturbance among females in grades 1-12. Of the 689 females who participated, 218 of them were identified by their school districts as meeting federal criteria for emotional disturbance. Not

only did this study address the five components of the federal definition of emotional disturbance, it also included a sixth subscale operationalizing social maladjustment, and a seventh subscale called "overall competence" that measured students' personal and external resources. The variable of social maladjustment, while not a criterion characteristic of emotional disturbance, has been of considerable interest and controversy (Forness & Kavale, 2000; Kauffman, 2005; Turnbull et al., 2004). The subscale items included in the social maladjustment subscale assess the extent to which a student exhibits antisocial behaviors while not in the school situation (Cullinan et al., 2004). The overall competence subscale has theoretical interest as it measures students' competencies, supportive assets, and other strengths related to the concepts of risk and resilience (Masten & Coatsworth, 1998).

On all five variables representing the federal definition's eligibility characteristics, females with emotional disturbance exhibited more maladaptive functioning than females without emotional disturbance. Females with emotional disturbance also showed more problems than students without emotional disturbance on the socially maladjusted and overall competence variables. The socially maladjusted main effect findings were compatible with research indicating that adolescent students with emotional disturbance are especially likely to exhibit antisocial behaviors outside of school (Doren, Bullis, & Benz, 1996; Greenbaum et al., 1996; Wagner, 1995) and that very high proportions of detained juvenile delinquents exhibit a variety of mental disorders (Teplin et al., 2002). The finding of low overall competence scores among females with extensive emotional and behavioral problems is compatible with other information that adolescent students with emotional disturbance tend to exhibit few personal strengths and social resources (Epstein & Sharma, 1998) that might mitigate some debilitating consequences of their maladaptive behaviors and emotions (Goodman et al., 1998).

The above mentioned study (Cullinan et al., 2004) also looked at females who manifest multiple characteristics of emotional disturbance to an extreme degree. Such students are of interest in light of research showing that children with certain combinations of emotional and behavioral disorders, referred to as comorbidity or co-occurrence, tend to have poorer outcomes than those with a single disorder (Frick & Loney, 1999; U. S. Department of Health and Human Services, 1999). There are studies of the comorbidity of certain clinical mental disorders among students with emotional and behavioral disorders (August, Realmuto, MacDonald, Nugent, & Crosby, 1996; Bussing et al., 1998; Forness & Kavale, 2001; Forness et al., 1993) but little research on comorbidity across the characteristics of emotional disturbance (Cullinan & Epstein, 2001). Comorbidity was judged to be present when a student manifested two or more characteristics of emotional disturbance to an extreme extent (Cullinan et al., 2004). Some form of comorbidity was shown by 32.6% of the female students with emotional disturbance. Comorbidity involving inability to learn was exhibited by 10.6%; involving relationship problems by 22.5%; involving inappropriate behavior by 12.4%; involving unhappiness or depression by 20.6%; and involving physical symptoms or fears by 22.5%. For each type of comorbidity, students with and without comorbidity did not significantly differ on social maladjustment. Conversely, for each type of comorbidity, students with comorbidity scored significantly lower on overall competence than students without comorbidity.

Characteristics of Female Juvenile Offenders

Current social and political attitudes combined with gender bias in the juvenile justice system (Hartwig & Meyers, 2003) have created the illusion that adolescent females are at lower risk than males for delinquency (Pepi, 1997). Bias often results in female offenders being

referred for psychiatric rather than offender treatment (Westendorp, Brink, Roberson, & Ortiz, 1986) thus making the exact prevalence of female delinquent behavior difficult to determine.

Pathways to Antisocial Behavior

Adolescent development is not merely a function of the addition of biological, psychological, and sociological makeup, but rather an integration of multiple levels of characteristics and interactions with dynamic relations between the adolescent and these environmental influences (Lerner, 1998). Moreover, it is widely accepted that juvenile delinquency is the result of complex interactions between numerous risk factors over time and environments. Delineating these pathways is less clearly defined for females than males. The formulation of models to explain the developmental pathways to female delinquency can be informed by a greater understanding of the relations between individual risk factors associated with delinquency (Dixon et al., 2004). Studies based predominantly on male delinquent samples have consistently related juvenile offending behavior to factors such as a history of physical and sexual abuse, neglect, poverty, poor academic achievement, and family dysfunction, including parental criminality and substance abuse (Burton, Foy, Bwanausi, Johnson, & Moore, 1994; Calhoun, Jurgens, & Fengling, 1993; Fejes-Mendoza, Miller, & Eppler, 1995; Steiner, Garcia, & Matthews, 1997; Ulzen & Hamilton, 1998). In addition, evidence suggests that female juvenile offenders are particularly susceptible to trauma exposure and trauma-related symptomatology, and that trauma is more strongly associated with involvement in serious delinquent activity in girls than in boys (Breslau, Davis, Andreski, & Peterson, 1991; Cauffman, Feldman, Waterman, & Steiner, 1998; Hoyt & Scherer, 1998; Rivera & Widom, 1990).

One of the fundamental questions researchers ask about the development of antisocial behavior in children and adolescents concerns continuity and change (Talbott & Thiede, 1999). Antisocial behavior is a broad, coherent categorization of social behavior that is present throughout development for some individuals, and it reflects an underlying disposition or trait that is manifested as disruptive, aggressive, and delinquent behavior in childhood, adolescence, and adulthood (Loeber, 1982; Loeber & Hay, 1994 [as cited in Talbott & Thiede, 1999]; Moffitt, 1993; Patterson, 1982; Patterson, Reid, & Dishion, 1992). During childhood, boys who tantrum, fight, lie, and steal at home and in the neighborhood are similarly aggressive in school, thus illustrating continuity in antisocial behavior across settings (Patterson et al., 1992; Walker et al., 2004). The behavior of antisocial boys is also stable over time, across the developmental periods of childhood to adolescence and adolescence to adulthood (Olweus, 1979; Patterson et al., 1992).

Researchers have just begun to study the emergence of antisocial pathways for girls. Historically, girls were considered to participate so rarely in aggressive, delinquent, and antisocial acts that studies of their antisocial behavior were deemed unnecessary (Kavanaugh & Hops, 1994; McGee & Feehan, 1991; Tremblay, 1991). However, although females constitute a minority of detained and adjudicated juvenile delinquents (Snyder & Sickmund, 1999), rates of delinquency among females are increasing at an alarming rate (Loper & Cornell, 1996; Mann, 1996; McCabe et al., 2002; Molidor, 1996; Poe-Yamagata & Butts, 1996; Rutter, Giller, & Hagell, 1998; Siegel & Senna, 2000). According to recent statistics for the National Center for Juvenile Justice, juvenile offending by females increased during the decade of the 1990s at a rate four times that of male juvenile offenders. The overall female delinquency caseload grew at an average rate of 4% per year between 1985 and 2000, compared with 2% for males (Puzzanchera, Stahl, Finnegan, Tierney, & Snyder, 2004). While overall arrest rates for juvenile crime

diminished between 1994 and 1999, arrest rates for females continued to climb in all major offense categories (Department of Justice, 2000; Puzzanchera et al., 2004). In addition, arrest rates for violent crimes increased proportionately more for females, with an arrest rate 85% higher for girls in 1997 than 1987 (Bilchik, 2000). Between 1988 and 1997, the number of arrests of male delinquents increased about 28%, whereas the number of arrests of female delinquents increased about 60% (Chesney-Lind & Shelden, 1998). In 1995, female juvenile offenders represented 26% of all juvenile offenses (Calhoun, 2001). And while status offenses remain the predominant charge for this population, there has been a dramatic increase of female participation in violent offenses. Between 1981 and 1995 the increase in female juvenile violent offending was 129%, more than double the increase of male juvenile violent offending during that time frame (Calhoun, 2001). Because boys both commit crimes and meet criteria for the associated diagnostic syndrome of conduct disorder at approximately four times the rate of girls (McCabe et al., 2002), researchers have speculated that delinquency and conduct disorder may indicate a more severe disturbance when they occur in girls (Eme, 1992; Loeber & Keenan, 1994; Robins, 1986; Webster-Stratton, 1996). The belief that delinquency and conduct disorder may indicate a more severe disturbance when they occur in girls echoes the “relative deviance” concept, which postulates that individuals who display behavior more deviant from their cultural and social norms tend to have more serious psychopathology (McCabe et al., 2002; Dembo, Williams, & Schmeidler, 1994). This also parallels other neurodevelopmental disorders such as mental retardation, dyslexia, and autism, in which prevalence is higher in males but affected girls tend to have a more severe form of the disorder (Eme, 1992; Loeber & Keenan, 1994).

Female Delinquency

More and more females are becoming involved in crime and are doing so at a young age (Mullis et al., 2004). When youth offending starts in early adolescence, offending persists and worsens over time. Female delinquency a generation ago was primarily running away and sexual misconduct (Mullis et al., 2004). Today a greater number of females are involved in armed robbery, gang activity, drug trafficking, burglary, weapons possession, aggravated assault, and prostitution (Siegel & Senna, 2000). However, as the number of females involved in violent crimes is increasing, the types of crimes most associated with females continue to be considered less violent and less serious than those associated with male offenders (Acoca, 1999). For example, female delinquent crimes have been shoplifting, status offenses, and prostitution (Chesney-Lind & Shelden, 1998). A distinguishing characteristic of female juvenile offenders is their greater involvement in status offenses. Current data consistently show that running away and curfew violation constitute a major portion of official female delinquency and that these crimes are less prominent in male delinquency (Siegel & Senna, 2000). According to Acoca (1999), once female delinquents are placed on probation for minor offenses, subsequent charges in violation of probation increase the chances that these girls will become more involved in the juvenile justice system. The range of offenses committed by female adolescents extends throughout all categories of offenses, with the majority being status offenses.

Characteristics

Despite the increasing recognition that high levels of untreated mental health problems exist among youth in custody (Kataoka et al., 2001; Shelton, 2001; Teplin et al., 2002; Ulzen & Hamilton, 1998), addressing these problems remains a low priority. Moreover, the needs of the

female juvenile offender are underrepresented in the literature because this group is underrepresented in the offender population (Dixon et al., 2004). There is emerging evidence, however, that the characteristics of female offenders are distinctly different from male offenders (Chamberlain & Reid, 1994; Hoyt & Scherer, 1998; Miller, Trapani, Fejes-Mendoza, Eggleston, & Dwiggins, 1995). At a time when violent crime among juvenile females is increasing and has the potential to become a leading public health concern (Office of Juvenile Justice and Delinquency Prevention, 1999; Rutter et al., 1998), it is important to have a comprehensive understanding of the psychological profile of young female offenders in order to identify and service their unmet needs.

Delinquency or acting-out behavior is often comorbid with other symptomatology, particularly for females (Miller et al., 1995). Beginning in adolescence and continuing throughout their lifetimes, females are more likely to experience depression, anxiety, and social stress (Johnson, Roberts, & Worell, 1999). In the female delinquent population, high rates of psychopathology have been reported, with conduct disorder, substance abuse, depression, and anxiety being particularly frequent (Kataoka et al., 2001; Kosky et al., 1990; Pliszka et al., 2000; Richards, 1996; Teplin et al., 2002; Ulzen & Hamilton, 1998; Wood et al., 2002). Attention deficit hyperactivity disorder (ADHD) was reported in as many as 68% of a sample of 52 incarcerated adolescent females (Timmons-Mitchell et al., 1997), while another study showed half of a sample of 96 young women in custody met full criteria for posttraumatic stress disorder (PTSD) (Cauffman et al., 1998). Psychosis (32%) was also common in Shelton's (2001) combined sample of male and female youth in custody. This study included 60 females. A methodologically sophisticated study of 1829 delinquents in custody showed that over two-thirds of the 656 females qualified for one or more psychiatric diagnoses (Dixon et al., 2004). Using

the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Revised* (*DSM-IV*; American Psychiatric Association, 2000) criteria, the most common diagnoses in girls were substance use disorders (47%) and disruptive behavior disorders (46%). Rates of affective and anxiety disorders were 31% and 28% respectively, and females also had significantly higher odds than males of having a psychiatric diagnosis (Teplin et al., 2002). In a study of 100 incarcerated females between the ages of 12 and 19 in Australia, Dixon et al. (2004) found the most frequent disorders among the offenders were conduct disorder (91%), substance abuse/dependence (85%), alcohol abuse/dependence (56%), depression (55%), and posttraumatic stress disorder (37%). In addition, almost half of the offenders (46%) reported having made a serious suicide attempt, with a high percentage reporting multiple attempts (57%) and one third of attempters having used violent means such as hanging or jumping. Other disorders with significantly elevated prevalence rates included psychoses, separation anxiety disorder, and attention deficit hyperactivity disorder. Panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, specific and social phobias, eating disorders, and enuresis were also reported, although these rates did not differ significantly from non-offenders. Mental health status emerged as the predominant factor associated with female juvenile offending behavior in the aforementioned studies. Dixon et al. (2004) found that the vast majority of female offenders met lifetime criteria for at least three psychiatric diagnoses, with some girls exhibiting as many as eight. Importantly, the probability of being an offender increased dramatically as the number of diagnoses increased.

Current research describes the young female offender as: (a) being 14 to 16 years old, (b) having grown up poor and in a high crime neighborhood, (c) likely to belong to an ethnic group, (d) from a poor academic history, (e) a drop out, (f) experiencing abuse or exploitation, (g) an

abuser of drugs and/or alcohol, (h) having unmet medical and mental health needs, (i) feeling that life is oppressive, and (j) lacking hope for the future (Barnow, Schuckit, Lucht, Ulrich, & Freyberger, 2002; Dishion, Capaldi, & Yoerger, 1999; OJJDP, 1998). A majority of female offenders appear to have experienced either physical or sexual abuse and many have low self-esteem with high incidence of suicidal behaviors (McCabe et al., 2002). Timmons-Mitchell et al. (1997) reported a prevalence of identified mental health disorders in 84% of the female juvenile offenders versus 27% in their male counterparts. They also reported that girls had completed significantly fewer grades in school, making their educational and job-skills needs more profound.

Risk Factors for Female Delinquency

Risk factors are predictors of problem behaviors, judged in terms of either symptoms or competence. Risk generally refers to elevated probabilities of undesired outcomes. Empirically identified risk factors across contexts for antisocial behavior among female adolescents have been identified in the literature. Research on the etiology of female delinquency is limited, with explanations including theories of social maladjustment and developmental delays (Mullis et al., 2004). Studies do confirm that adolescent females experience more mental illness than do non-delinquent adolescent female and delinquent males (Prescott, 1998; Steinberg & Avenevoli, 2000), attempt suicide more frequently (Chesney-Lind & Shelden, 1998), and engage in early sexual experimentation (Acoca, 1999). Specifically, research has indicated a high rate of sexual abuse history among female delinquents (Funk, 1999; McCabe et al., 2002). Dembo, Williams, and Schmeidler (1993) found that female offender youth were more likely than male offender youth to have physical and sexual abuse histories.

The above variables associated with female delinquency notwithstanding, the incidence of co-occurring disorders is high among delinquent girls. The pattern of delinquency may be far more complicated than once thought. Fejes-Mendoza et al., (1995) found that dependency behaviors, such as lack of problem-solving skills and avoidance of challenges, impede adolescent females in their process of developing healthy psychological and emotional functioning. This hindrance on healthy development may increase their probability for future contact with the criminal justice system. In addition, sexual and physical abuse is known to significantly contribute to youth's involvement in drug use and other delinquency behaviors (Dembo et al., 1993; Siegel & Senna, 2000). Sexually abused adolescent females have serious problems with self-image, sexual attitudes, family relations, vocational and educational goals, and mastering their environment (Siegel & Senna, 2000). These factors may also increase their risk for delinquent behavior.

Individual Characteristics

Individual characteristics include: (a) impaired cognitive functioning and low academic achievement (Siegel & Senna, 2000); (b) weak language skills (Sanger, Hux, & Belau, 1997); (c) poor peer relationships (Katz, 2000); (d) onset of menarche (Lenssen, Doreleijers, & Dijk, 2000); (e) early sexual experiences (Lenssen et al., 2000); (f) mental illness (Acoca, 1999); (g) low self-concept (Chesney-Lind & Shelden, 1998); (h) victimization (Acoca & Dedel, 1998); and (i) race/ethnicity (Siegel & Senna, 2000).

Family Characteristics

Family characteristics have included: (a) parental disengagement and inattention in

relation to their daughters (Acoca, 1999); (b) parental abuse (Katz, 2000); (c) emotional conflict in families (Barnow et al., 2002); (d) intergenerational patterns of arrest and incarceration and family fragmentation (Acoca, 1999); (e) poverty (Loeber & Farrington, 1998); (f) family structure (Rantakallio, Myhrman, & Koiranen, 1995); and (g) head of household education (Siegel & Senna, 2000).

Peer Characteristics

Peer characteristics have included: (a) peer influences such as associations with deviant peers (Dishion et al., 1999; Dishion, French, & Patterson, 1996); (b) involvement in intimate relations with peers (Siegel & Senna, 2000); (c) gang participation (Esbensen, Deschenes, & Winfree, 1999); (d) sexual harassment and interpersonal rivalries (Acoca, 1999); and (e) impulsivity and anger (Colder & Stice, 1998).

School Characteristics

School characteristics include: (a) poor school performance (National Center for Educational Statistics, 2000); (b) enrollment in mixed gender schools (Ladd & Burgess, 2000); (c) school attachment (Somers & Gizzi, 2001); (d) early occurrence of disruptive behavior in school (Ladd & Burgess, 2000); (e) low bonding to school and dropping out of school (Chesney-Lind & Shelden, 1998); (f) expulsion from school (National Center for Educational Statistics, 2000); (g) high absenteeism and frequency of school changes (Rumberger & Larson, 1998); and (h) limited involvement in extracurricular activities (Eccles & Barber, 1999).

Community Characteristics

Community characteristics include: (a) urban versus rural residence (Archwamety & Katsiyannis, 1998); (b) early age at first arrest of female youth (Kjelsberg, 1999); (c) distressed and disorganized neighborhood environments (Katz, 2000); (d) lack of other social supports in the community (Siegel & Senna, 2000); and (e) disruption or lack of available activities for youth (Scales, Benson, & Leffert, 2000).

Protective Factors

Many people overcome risks or do not develop antisocial behavior patterns despite their exposure to high levels of risk. These individuals have certain factors that seem to protect them from deviant behavior or development. Protective factors in the context refer to individual or environmental characteristics that reduce the possibility of female juvenile offending, while resilience refers to thriving in spite of significant challenges faced by the child or youth (Mullis et al., 2004). Protective factors and resilience work to ameliorate, counteract, or preclude the ill effects predicted by risks (Hawkins, Catalano, & Miller, 1992; Ladd & Burgess, 2000).

Protective factors or characteristics of resilient female adolescents have been identified in the literature. These include: (a) an ability to gain positive attention (Werner, 1994); (b) stable care-giving (Herrenkohl, Herrenkohl, & Egolf, 1994); (c) a quality relationship with at least one caregiver (Werner, 1994), or having reference persons outside the core family and with larger available social networks (Scales, et al., 2000); (d) confidence and optimism (Brooks, 1994); (e) sense of self-esteem (Chapman & Mullis, 1999); (f) self-efficacy (Scales et al., 2000); (g) a positive self-concept (Werner, 1994); (h) a sense of autonomy (Brooks, 1994); (i) social cognitive abilities (Bush, Mullis, & Mullis, 2000); (j) stimulating environments, emotional

support, structure, and safety from their environment (Smetana & Daddis, 2002); and (k) developmental assets of youth supported by community activities and social supports outside the family for youth (Scales et al., 2000).

Self Concept

Historically, self-concept research has suffered in that "everybody knows what it is" so that researchers have not felt compelled to provide a theoretical basis or psychometric evaluation of their self-concept measures. In an attempt to remedy this problem, Shavelson, Hubner and Stanton (1976) developed a multifaceted, hierarchical model of self-concept in which general self-concept was divided into specific domains (e.g., social, physical, academic). More recently there have been considerable advances in the quality of self-concept research due to stronger theoretical models, better measurement instruments, and improved methodology (see Byrne, 1984, 1996; Marsh, 1993; Marsh & Craven, 1997; Marsh & Hattie, 1996; Marsh & Shavelson, 1985).

Self-concept has been described as a structured set of self perceptions that can be brought into self awareness (Merry, 1995). Self-perception is developed through a lifetime of experiences of how we interact with the world and things and people in it (Buckroyd & Flitton, 2004). In essence, it is not a static set of constructs but a number of concepts that evolve over time. The terms “self-concept,” self-perceptions,” “self-esteem,” “self-image,” “self-evaluations,” “self-worth,” and “self-regard” have been used to refer to an individual’s cognitions and feelings about the self. Rogers (1967) believed that the influences in a persons’ childhood experience directly affect the construct of self. He was interested in measuring the changes in self-concept though an instrument devised by Stephenson (1953) (as cited in Buckroyd & Flitton, 2004) and modified

for the study of the self, called a Q-sort. This instrument was based on 100 descriptions of the self that the client was asked to sort, then resort into statements that represent his/her self-perception. Although useful, the Q-sort is not susceptible to the kind of statistical analysis or validation that is required for quantitative measures (Buckroyd & Flitton, 2004).

Since the early 1950s a great deal of other work has been carried out in the area of instrumentation to assess self-concept. Wylie (1974) gives an early account of different instruments that are used to measure self-concept. At that point in the evolution of instruments, the main problem was the lack of validity and retest reliability studies. More recently, Byrne (1996) gives an up-to-date review of different instruments used across the age range and population, which includes retest reliability and validity scores. She also clarifies the relationship between self-esteem and self-concept by establishing that researchers generally agree that the terms 'self-concept' and 'self-esteem' represent different components of the self. It is now accepted that self-concept characterizes a wider definition of the construct of the self which includes cognitive, emotional and behavioral features, whereas self-esteem is a partial component of the wider construct of self.

Examination of the self-concept literature indicates that two models of self-concept have guided research in the area. These are unidimensional and multidimensional models. Early models of self-concept were unidimensional (see Harter, 1996; Keith & Bracken, 1996; Marsh & Hattie, 1996). According to the unidimensional model, there is only a general factor of self-concept (i.e., general self-concept or global self-worth) or that a general factor dominates more specific factors (see Marsh & Hattie, 1996). General self-concept is concerned with one's global sense of well-being as a person and general satisfaction with oneself. Byrne (1996) explains that the one-dimensional model is based on the proposition that general self-concept is measured by

evaluating different facets of the self that overlap in which each bears equal weight. The scores are then added to yield an overall representation of the self. With advances in methods of data analysis (e.g., factor analysis) self-concept was shown to be a multidimensional rather than a unidimensional construct (Zeleke, 2004). Self-concept theorists and researchers have pointed out that methodological problems were responsible for the unidimensional theory/model of self-concept (Harter, 1996; Marsh & Hattie, 1996).

Currently, there is general consensus that self-concept is a multidimensional construct (Harter, 1996; Hattie & Marsh, 1996; Keith & Bracken, 1996; Marsh & Hattie, 1996). That is, self-concept ratings could be made across various domains (e.g., academic, social, physical). The relationship between self-concept and other variables, it is believed, cannot be adequately understood if the multidimensional nature of self-concept is ignored (Zeleke, 2004). It should be mentioned that a multidimensional model does not rule out the existence of general self-concept or global self-esteem (Harter, 1996). Harter maintained that global self-esteem and self-perceptions in specific areas are separate and distinguishable. Supporting this assumption, Harter and Pike (1984) empirically demonstrated that individuals, except for very young children, can make global judgements of their worth as a person, as well as provide specific self-evaluations across a variety of domains. The multidimensional model is based on the proposition that unless each factor of the construct of self is understood, an accurate picture of the self cannot be provided (Byrne, 1996).

Over the past two decades, a body of research has demonstrated that self-concept is far from a unitary construct (Elbaum & Vaughn, 2001; Harter, 1985; Marsh, 1990a; Marsh, Byrne, & Shavelson, 1988; Shavelson et al., 1976). That is, individuals can have a high opinion of their competence in some domains, for example, athletics, and a low opinion of their competence in

other domains, for example, academics. The research on academic self-concept has consistently shown that self-concept measures that address the academic domain are better predictors of students' academic achievement and behavior in academic settings than are global or nonacademic measures of self-concept.

Positive regard for the self has long been viewed as an essential component of mental health (e.g., Jahoda, 1958; Rogers, 1967; Taylor & Brown, 1988). Empirical research supports such theories by demonstrating robust links between self-concept and functioning in multiple psychological domains (Baumeister, 1998; Harter, 1998). Self-concept is associated with how individuals feel, how they think, and how they behave. Associations between self-concept and affect have been documented in both correlational and diary studies (Kling, Hyde, Showers, & Buswell, 1999). Repeatedly, high self-concept has been associated with higher levels of positive affect and lower levels of negative affect and depression (Avison & McAlpine, 1992; Brage & Meredith, 1994; Brown & Mankowski, 1993). In addition, self-concept is associated with successful adjustment. Longitudinal studies have demonstrated that self-concept, when assessed prior to a variety of life challenges ranging from daily hassles to bereavement, can act as a protective coping resource, either directly or as a buffering factor (DeLongis, Folkman, & Lazarus, 1988; Egan & Perry, 1998; Murrell, Meeks, & Walker, 1991). Self-concept is also related to cognition; it is associated with both the content and structure of self-beliefs (Campbell et al., 1996; Greenwald & Banaji, 1995; Greenwald, Bellezza, & Banaji, 1988; Pelham, 1991; Showers & Kling, 1996) and consistently predicts patterns of thinking about one's own behavior. Finally, self-concept is associated with how people behave, especially when coping with evaluative feedback (Heatherton & Ambady, 1993; Sedikides & Strube, 1997; Swann, 1990; Tice, 1993). For example, in the face of negative feedback, individuals who are high in self-

concept perform better on laboratory tasks than those who are low in self-concept (Brockner, Derr, & Laing, 1987; Campbell & Fairey, 1985).

Self-Concept as Related to Learning Disabilities and Emotional Disturbance

Research on the self-concept of students with disabilities has concentrated on students with learning disabilities, both with and without emotional disturbance. Of all students identified for special education services under IDEA, more than half have learning disabilities. Estimates claim that between 2 and 10% of the population are affected by learning disabilities (American Psychiatric Association, 2000; Silver, 1991). In addition to concerns over the academic struggles of these students, research has also investigated their emotional difficulties. Learning disabilities have been found to affect mental health, self-esteem, and the social activities of children (Johnson, 1995). Children with learning disabilities are often described as anxious, depressed, socially isolated, withdrawn, and introverted (McKinney & Speece, 1986; Paraskevopolous & McCarthy, 1970; Porter & Rourke, 1985; Wright-Strawderman & Watson, 1992), or described as displaying conduct disorders, including attentional difficulties, hostility, and antisocial tendencies (Bender & Smith, 1990; Grieger & Richards, 1976; McKinney & Speece, 1986; Paraskevopolous & McCarthy, 1970; Porter & Rourke, 1985) and lacking social skills (Vaughn, Zaragoza, Hogan, & Walker, 1993). Children who have experienced humiliation, rejection, and failure, as many children with learning disabilities and emotional disturbance have, generally have feelings of low self worth and vulnerability (Hughes & Baker, 1990). Studies of heterogeneous samples have suggested that children with learning disabilities are more likely to experience significant behavioral difficulties than are their non-learning disabled counterparts

(Bender, 1987; Bender & Smith, 1990; Gans, Kenny, & Ghany, 2003; McConaughy & Ritter, 1985).

Research suggests that repeated school failure is associated with affective (Chapman, 1988; Margalit & Zak, 1984; Patten, 1983), behavioral (McConaughy & Ritter, 1985; Speece, McKinney, & Appelbaum, 1985), and personality (Bender, 1987; Canino, 1981; Kistner, White, Haskett, & Robbins, 1985) variables in children. Children with emotional disturbance and learning disabilities, who by definition have experienced repeated school failures, have been characterized as feeling more helpless than their normally achieving peers (Licht, 1983; Pearl, Bryan, & Donahue, 1980). In other words, these children are more likely to feel that academic outcomes are beyond their control, thus perceiving themselves as less competent than their non-disabled peers (Durrant, Cunningham, & Voelker, 1990).

Self-Concept and Females

Theorists seeking to explain gender differences in self-concept have generally assumed that girls have lower self-concepts than boys. In a meta-analysis examining gender differences in global self-concept, Kling et al. (1999) found this assumption to be true. Numerous proposals have been set forth to explain girls' presumed lower self-concept. One proposed explanation invokes gender roles. Many qualities associated with the male role are consistent with high self-concept. Masculinity scores are positively correlated with self-concept for both males and females (Marsh, 1987; Orlofsky & O'Heron, 1987; Taylor & Hall, 1982; Whitley, 1983). Findings regarding femininity scores reveal smaller, less consistent relationships with self-concept (Antill & Cunningham, 1980; Whitley, 1983). According to both the classic research of Broverman, Vogel, Broverman, Clarkson, & Rosencrantz (1972), and later research by Ruble

(1983), self-confidence is stereotyped as a masculine characteristic. In short, boys are expected to develop self-confidence, whereas, displaying self-confidence has traditionally been a gender-role violation for girls.

Another explanation focuses on peer interactions as an important socialization force with the potential to promote gender stereotypes and create gender differences in self-concept. Children form gender-segregated play groups and tease those who attempt to cross the line (Maccoby, 1988; Moller & Serbin, 1996; Sroufe, Bennett, Englund, Urban, & Shulman, 1993; Thorne, 1994), thereby emphasizing gender and strictly enforcing gender-role conformity. Within these same-sex peer groups, different gender cultures develop; groups composed solely of boys are more oriented toward dominance, whereas, girls' groups are more oriented toward shared social activities (Lever, 1976; Maccoby, 1990; Stoneman, Brody, & MacKinnon, 1984; Thorne & Luria, 1986). In accordance with these group differences, boys and girls use different strategies to influence each other. Girls' influence attempts are more likely to take the form of polite suggestion, whereas, boys are more likely to influence others through direct demands (Leaper, 1991; McCloskey & Coleman, 1992; Miller, Danaher, & Forbes, 1986; Serbin, Sprafkin, Elman, & Doyle, 1982). These differing influence strategies create imbalances in cross-sex interactions in childhood, in which boys become impervious to girls' influence attempts (Jacklin & Maccoby, 1978; Maccoby, 1990; Serbin et al., 1982). As a consequence, in mixed groups boys often get their way in terms of obtaining valuable resources (Charlesworth & LaFreniere, 1983), although this difference does not emerge when an adult is present (Powlishta & Maccoby, 1990). Girls' general ability to influence boys and to obtain valuable resources when in unsupervised mixed-gender groups may make them feel less important and less powerful than boys, which could adversely impact their self-concept.

Schools have been proposed as another explanation for gender differences in self-concept (Orenstein, 1994; Sadker & Sadker, 1994). For example, it has been suggested that teachers interact with boys more frequently and give them more specific and helpful feedback (Eccles & Blumefield, 1985; Golombok & Fivush, 1994; Sadker & Sadker, 1994). In addition, teachers tend to attribute boys' academic failures to motivational problems and girls' academic failures to lack of ability (Dweck, Davidson, Nelson, & Enna, 1978). The result of differential treatment of girls and boys, it has been argued, is that girls are silenced and become silent in the classroom (Brown & Gilligan, 1992; Harter, Waters, & Whitesell, 1997; Orenstein, 1994). Even though many teachers are committed to equity, the subtle patterns of interactions in the schools, of which teachers may be unaware, gradually undermine girls' sense of competence (Orenstein, 1994; Sadker & Sadker, 1994).

Cultural emphasis on girls' and women's physical appearance is another potential explanation for gender differences in self-concept. Perceptions of one's own attractiveness are correlated with self-concept for both males and females (Feingold, 1992; Harter, 1990a; Longo & Ashmore, 1995; Mendelson, White, & Mendelson, 1996; Silberstein, Striegel-Moore, Timko, & Rodin, 1988; Sonstroem, Speliotis, & Fava, 1992), and women and girls consistently report greater dissatisfaction with their appearance and their bodies than boys or men do (Allgood-Merten, Lewinsohn, & Hops, 1990; McCaulay, Mintz, & Glenn, 1988, McDonald & Thompson, 1992; Mendelson et al., 1996; Rozin & Fallon, 1988; Wood, Becker, & Thompson, 1996). Despite attempts to liberalize gender roles, cultural pressures regarding girls' appearance have actually intensified over the last several decades (Brumberg, 1997; Garner, Garfinkel, Schwartz, & Thompson, 1980; Kilbourne, 1994; Silverstein, Perdue, Peterson, & Kelly, 1986; Wiseman, Gray, Mosimann, & Ahrens, 1992). Whereas a generation ago, female models weighed only

about 8% less than the average American woman, today they weigh 23% less (Wolf, 1991). In addition to displaying models who are thinner than the average woman, magazines intended for an audience of women or girls present numerous articles that are focused on appearance. For example, in 1995, the percentage of articles in *Seventeen* magazine that focused on appearance was 43%, whereas only 14% of the articles focused on career development (Schlenker, Caron, & Halteman, 1998). Consistent with these cultural trends, gender differences in body esteem have become more pronounced over the last 50 years (Feingold & Mazzella, 1998). Dissatisfaction with weight is so common among adolescent girls and women that it has been termed a "normative discontent" (Rodin, Silberstein, & Striegel-Moore, 1985). According to one theoretical model, girls and women internalize cultural standards for the female body and engage in body surveillance, observing and evaluating themselves against these standards, with the result being low body esteem (McKinley & Hyde, 1996). Concerns about weight and appearance may be more damaging to girls' self-concept because perceptions of physical attractiveness are more strongly associated with self-concept for girls than for boys (Allgood-Merten et al., 1990).

Researchers have also proposed that violence against women and girls may contribute to reduced female self-concept (Koss, 1990). A well-sampled, national study of female college students found that 28% had experienced an act that met the legal definition of rape (Koss, Gidycz, & Wisniewski, 1987). Although many differences between raped and nonvictimized women and girls disappear after 3 months, girls and women who have been raped continue to report more anxiety and self-concept problems up to 18 months following the attack (Koss, 1993). Another relevant form of violence against women is domestic abuse. Approximately 95% of the victims of domestic violence are women and girls, and each year an estimated two to three million women in the United States are beaten by their intimate partners (Fine & Weis, 2000;

Straus & Gelles, 1990). Research has documented that battered women and girls have higher levels of depression and lower levels of self-concept than women and girls who have not experienced this form of violence (Browne, 1993).

Differential athletic participation is another possible contributor to gender differences in self-concept. Research shows that athletic participation is associated with high self-concept among both male and female students (Taylor, 1995; Wilkins, Boland, & Albinson, 1991). In one study, both masculinity scores and athletic participation predicted self-concept scores for both male and female high school and college students (Holland & Andre, 1994). Historically, insofar as athletic opportunities have been far more available to adolescent boys than adolescent girls, adolescent boys have had more access to this source of self-concept.

Adolescence has been targeted as an especially important developmental period for self-concept formation. To examine potential factors that may contribute to gender differences in self-concept during this period, the American Association of University Women (AAUW, 1990) conducted a study of approximately 3,000 adolescents that focused on attitudes toward the self, family, friends, and school. The conclusion of this study was that adolescent girls experience a "free fall in self-concept from which some will never recover" (DeFazio, 1994, p. 276). According to the AAUW, the gender difference is a result of subtle sexism in the classroom, which takes a variety of forms ranging from providing boys with higher-quality instruction, to choosing boys over girls to answer questions in front of the class and then giving them more time to formulate their responses (American Association of University Women, 1990; Sadker & Sadker, 1994).

The conclusion of the AAUW is consistent with other work investigating self-concept during adolescence. Specifically, some studies have found that in adolescence, boys' self-

concept increases, whereas girls' self-concept declines (Block & Robins, 1993; Midgley et al., 1989a; Roeser et al., 1996; Simmons & Blyth, 1987; Simmons et al., 1979; Simmons & Rosenberg, 1975; Yates, 1999). Many of the explanations for lower self-concept in adolescent girls focus on the impact of puberty on physical development. As noted before, perceived physical attractiveness is strongly linked with self-concept (Allgood-Merten et al., 1990; Feingold, 1992; Harter, 1990a; Longo & Ashmore, 1995; Mendelson et al., 1996; Silberstein et al., 1988). Physical maturation for boys and girls diverges during puberty, such that girls gain more body fat, whereas boys gain more muscle mass (Warren, 1983). These physical changes are accompanied by changing attitudes toward one's own attractiveness; girls' perceptions of their own attractiveness decline from the fourth through eleventh grades, whereas boys' perceptions of their attractiveness remain relatively positive and stable (Harter, 1993). In addition, research has shown that early adolescent girls prefer an ideal body type that is thinner than their own, whereas boys prefer an ideal that is larger than their own (Cohn et al., 1987). Thus, the experience of puberty drives girls further away from their ideal body type while it simultaneously brings boys closer to their ideal. Aside from these physical changes, adolescence also brings with it an increase in self-consciousness (Harter, 1990b; Rosenberg, 1979; Rosenberg & Simmons, 1975), which may be particularly toxic to girls because of the increasing discrepancy between their ideal and perceived body types. These factors, combined with increasing cultural pressure toward female thinness (Brumberg, 1997; Garner et al., 1980; Kilbourne, 1994; Silverstein et al., 1986; Wiseman et al., 1992), encourage girls to become obsessed with weight reduction and their appearance – a self-destructive pattern of thoughts and behaviors that has been called the "cult of thinness" (Hesse-Biber, 1996). In summary, the physical changes of puberty that occur within a

sociocultural environment that may pose more threats to female, rather than to male, self-concept.

Conclusion

Research has shown that youth with emotional disturbance are more likely than their peers without emotional disturbance to underachieve academically, engage in aggressive acts, receive less positive attention from teachers and other significant adults, and be rejected by their peers (e.g., Hinshaw, 1992; Kauffman, 2005; Shores et al., 1993; Walker et al., 2004). Scholarly pursuits for understanding characteristics of youths with emotional disturbance have also led to the identification of comorbid conditions between and within facets of emotional disturbance, behavioral problems, and learning problems (e.g., Gresham et al., 2001; Kaiser & Hester, 1997; Tankersley & Landrum, 1997). Moreover, youth with emotional disturbance are among those most likely to drop out of school and grow up to become adults who are unemployed, involved in criminal behavior, and abuse substances (e.g., Carson, Sitlington, & Frank, 1995; Frank, Sitlington, & Carson, 1991; Kazdin, 1987; Marder, 1992; Wagner et al., 1992). As the review of literature explained, research has shown that individuals with high self-concepts tend to fare better in all areas of functioning than individuals with low self-concepts. Interventions in the area of self-concept could conceivably help to alleviate, and perhaps eliminate, some of these negative outcomes for females with emotional disturbance.

CHAPTER 3

METHODOLOGY AND PROCEDURES

Self-concept is a complex, interactive network of self-perceptions a person holds about his or her confidence in enacting certain behaviors and in having certain culturally valued personal attributes (Gresham, Elliott, & Evans-Fernandez, 1993). Elements of a person's self-concept are influenced by, and interact with, other psychological constructs such as subjective task value and outcome expectations. Subjective task value refers to the importance these behaviors or personal attributes hold for the person, and outcome expectations refers to the extent to which the person believes that performing certain behaviors or having certain culturally valued attributes will result in anticipated, desired outcomes. This chapter addresses the purpose and methodology employed in conducting the study reported herein to include the research questions, subject selection, instrumentation, and data collection and analysis.

Purpose

The present study addresses the academic, social, and self-image self-concepts of female adolescents, ages 13-17, who are labeled emotionally and behaviorally disordered by their public school systems and are in residential treatment, and female adolescents, ages 13-17, who are adjudicated, or labeled 'juvenile offenders' and are involved with the juvenile justice system. The purpose of this study was to examine and compare the self-concepts of these populations of adolescent females. Research questions focus on whether or not there is a difference in the confidence scores of self-image, academic, and social self-concepts, the importance scores of self-image, academic, and social self-concepts, and the confidence composite and outcome

composite scores among female adolescents according to whether or not the female is adjudicated.

Research Questions

Eight research questions were used to guide this study:

1. Is there a difference in the mean Self-Confidence Self-Image score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
2. Is there a difference in the mean Self-Confidence Academic score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
3. Is there a difference in the mean Self-Confidence Social score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
4. Is there a difference in the mean Self-Confidence Composite score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
5. Is there a difference in the mean Importance Self-Image score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
6. Is there a difference in the mean Importance Academic score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
7. Is there a difference in the mean Importance Social score between female adolescents who are adjudicated and female adolescents who are not adjudicated?
8. Is there a difference in the mean Outcome Confidence Composite score between female adolescents who are adjudicated and female adolescents who are not adjudicated?

Subject Selection and Setting

Subjects for this study were female adolescents ages 13 through 17 from residential treatment centers and juvenile justice programs. All subjects from the residential treatment centers have been labeled emotionally disturbed according to their respective State educational assessment practices and procedures, and have been unsuccessful in traditional school programs.

All subjects from the juvenile justice programs have been adjudicated in court and are in the custody of their State of residence. Because of the lack of facilities for female juvenile offenders, most are placed in halfway houses, foster care, or residential treatment facilities. The adjudicated females in this study are all wards of the court placed in differing programs.

Instrumentation

For this study, the Student Self-Concept Scale (SSCS) developed by Gresham, Elliott, and Evan-Fernandez (1993) was used. The SSCS is a 72-item, multidimensional self-report measure of self-concept comprised of questions dealing with self-efficacy and self-esteem, and the related psychological constructs of subjective task value and outcome expectations. Self-concept has been defined in many ways by theorists and researchers. Shavelson et al. (1976) identified 17 definitions of self-concept that have been used in the research literature. Examining the data compiled in the review, researchers were able to identify six characteristics shared by these self-concept definitions (Byrne, 1984; Marsh & Shavelson, 1985):

1. Organized: self-concept is organized into definitive features
2. Hierarchical: self-concept is hierarchically organized from specific behaviors to larger domains, and finally to global perceptions of self
3. Stable: global or general perceptions of self-concept are stable. As one moves into specific domains, however, self-concept becomes increasingly situation-specific and thus less stable
4. Evaluative and descriptive: self-concept reflects evaluative as well as descriptive self-perceptions
5. Differentiable: self-concept can be differentiated from other psychological or behavioral constructs (e.g., academic achievement or social skills)
6. Multifaceted: self-concept is multidimensional in that individuals categorize their self-perceptions into facets or domains (e.g., academic self-concept, social self-concept)

The SSCS embodies all six of these characteristics in its approach to the assessment of self-concept. The SSCS is multifaceted; the 72 items of the SSCS deal with multiple self-concept domains that can be distinguished or differentiated from other psychological or behavioral constructs such as academic achievement, anxiety, or depression. Reflecting the organized, and hierarchical nature of self-concept, the SSCS assesses self-concept at both the specific content domain level and at the global level. Separate scores or descriptive categories can be obtained for each of the three content domains (Self-Image, Academic, and Social) in terms of three rating dimensions (Self-Confidence, Importance, and Outcome Confidence). Ratings can also be summed across the three content domains to obtain a self-confidence composite and an outcome confidence composite score (Gresham, Elliott, & Evans-Fernandez, 1993).

The SSCS provides a norm-referenced measure of self-perceptions of children and adolescents in grades three through twelve in the three content domains of Self-Image, Academic, and Social. The Self-Image domain items assess self-concept in terms of self-esteem, tapping youths' perceptions about culturally valued behaviors or culturally valued personal attributes such as self-worth, popularity, physical attractiveness, and physical skill. The Academic domain items assess self-concept in terms of self-efficacy, tapping youths' perceptions related to confidence in performing behaviors associated with academic success. The Social domain items also assess self-concept in terms of self-efficacy, tapping youths' perceptions related to confidence in performing behaviors involving social interaction. There is also a Lie Scale comprised of items representing unrealistic or highly improbable situations taken from all three content domains. The Lie Scale is used to screen for unrealistic levels of social desirability or a "fake good" response set. A youth who indicates self-confidence for more than a few of these items may present an invalid profile.

As a measure of self-concept, 50 SSCS items require youth to rate their degree of self-confidence in performing certain behaviors (self-efficacy) or in having certain culturally valued personal attributes (self-esteem). Self-confidence ratings are made on a three-point scale: not at all, not sure, or confident. As a measure of subjective task value, the SSCS requires youth to rate the same 50 self-concept items in terms of the degree of importance these behaviors or attributes hold for them. Importance ratings are made on a three-point scale: not important, important, or critical, reflecting the subjective value of each behavior or attribute for the youth. The importance rating dimension is critical to understanding the possible emotional or behavioral implications of a youth's self-confidence ratings. Looking at self-confidence and importance ratings together reveals the degree of consistency between what the youth feels confident she possesses or can do, and what the youth values in terms of attributes and behaviors. This information has practical implications for selecting self-perceptions or subjective values that can be the focus of an intervention program. As a measure of outcome expectations, youth are asked to rate 15 questions according to degree of outcome confidence, or their degree of confidence that performing certain behaviors or having certain attributes will lead to specific outcomes. The outcome confidence items are phrased as "if-then" statements. Each outcome confidence item rating is made on a three-point scale that expresses degree of confidence that the described behavior will result in the specified outcome: not at all, not sure, or confident. Finally, the SSCS contains seven items that make up the lie scale. Lie scale items are interspersed among the 50 self-concept questions and are rated using the self-confidence rating scale of not at all, not sure, or confident.

Standardization

The SSCS was standardized on a national sample of 3,586 elementary and secondary school students from 19 states. The sampling plan was designed to closely approximate the U. S. student population in terms of gender, race/ethnicity, geographic region, and community size, with a special emphasis on obtaining sufficient representation of special education students. The standardization sample included 2,151 students at the elementary level (1,059 girls and 1, 092 boys) and 1,435 students at the secondary level (772 girls and 663 boys). Sufficient representation of students with special needs from both mainstreamed special education programs and special education classes was obtained in standardization. Mainstreamed special education students were defined as those receiving more than 50% of their educational programming in general education classroom settings. Special class students were those who spent at least 50% of their time in a special education resource room or self-contained classroom. Approximately 16% of students in the standardization sample were in special classes. Special education categories represented were learning disabilities (10.8%), emotional disturbance (2 %), mental disorders (2%) and other, which included speech, orthopedic, visual and hearing impairments, and multiple disabilities (0.9%).

Two methods were used to estimate the reliability of the SSCS: coefficient alpha, a measure of internal consistency, and test-retest, a measure of stability over time. Across all elementary and secondary students, coefficient alpha reliabilities ranged from 0.89 to 0.92 for self-confidence composite ratings and from 0.79 to 0.82 for outcome confidence composite ratings. Internal consistency estimates did not vary significantly as a function of students' gender or education level (elementary versus secondary). Overall, these coefficients indicate a relatively high degree of composite scale homogeneity. Subscale internal consistency estimates are lower

than the composite estimates primarily because subscale calculations are based on fewer items. For self-confidence ratings, subscale coefficient alphas range from 0.72 to 0.84 with medians of 0.79 for elementary students and 0.81 for secondary students. Importance subscale ratings coefficient alphas are slightly higher, ranging from 0.76 to 0.88. Outcome confidence subscale ratings are lower, with median coefficient alphas of 0.64 for elementary students and 0.66 for secondary students. Test-retest reliability estimates were based on selected samples of elementary (N = 225) and secondary students (N = 305) who completed the SSCS on two occasions separated by approximately 4 weeks. For SSCS self-confidence subscale ratings, the median stability coefficient was 0.68 for elementary students and 0.77 for secondary students. Self-confidence composite ratings were slightly more stable, with coefficients of 0.73 and 0.84 for elementary and secondary students, respectively. Importance ratings were substantially less stable than self-confidence ratings on all three subscales for elementary students and on the self-image subscale for secondary students. For SSCS importance subscale ratings, the median stability coefficient was 0.57 for elementary students and 0.72 for secondary students. Outcome confidence subscale ratings were much less stable than self-confidence or importance subscale ratings. The median outcome subscale stability coefficient was 0.36 for elementary students and 0.56 for secondary students. Outcome composite stability coefficients were 0.50 for elementary and 0.72 for secondary students. To guard against overinterpretation, only general descriptive behavior levels are provided for the outcome confidence subscales because of low reliabilities (Gresham, 1995).

Three approaches to the validity of the SSCS are described in the manual: content validity, criterion-related validity, and construct validity. Efforts to demonstrate the content validity of the SSCS were documented by previous research and supported by standardization

analyses. A related form of content validity, called social validity, which dictates the selection of content behaviors having social and practical significance was demonstrated by the use of importance ratings for each item on the SSCS. These importance ratings measure the selective task value of each SSCS behavior. Criterion-related validity evaluates the relationship between a predictor and a criterion. Evidence was offered to show that the SSCS (the predictor) correlated significantly with criterion measures such as the Social Skills Rating System, the Child Behavior Checklist, Self-Report Form, the Coopersmith Self-Esteem Inventories, the Piers-Harris Children's Self-Concept Scale, the Self-Description Questionnaire, and the Tennessee Self-Concept Scale (Gresham, Elliott, & Evans-Fernandez, 1993). Several studies were conducted to evaluate the construct validity of the SSCS. These studies included analysis of developmental changes, gender differences, internal consistency, correlations with other tests, factor analyses, and comparisons of contrasted groups. The consistent findings of these studies contribute evidence in support of the construct validity of the Student Self-Concept Scale.

Theoretical Approach

The major theoretical basis for the SSCS is Bandura's (1977, 1982) notion of self-efficacy, which refers to an individual's confidence that she can perform certain behaviors in certain situations. The conceptual foundation of the SSCS is a synthesis of the ideas of several theorists and researchers including Bandura (1977, 1982, 1986), Eccles et al. (1983), Shavelson, et al. (1976), and Wylie (1974). Bandura (1977) further distinguished between efficacy expectations and outcome expectations. Efficacy expectations refer to a person's confidence that she can perform behaviors required to obtain certain outcomes, Outcome expectations refer to a person's confidence that performing certain behaviors actually will result in specific outcomes.

Self-efficacy is behavior and situation specific. For example, a person may feel confident in speaking to a group of three people but may feel ineffective in speaking to a group of 300 people (situation specific). A person may feel confident in reading, but very ineffective in math (behavior specific). Self-efficacy theory greatly influenced the item content of the academic and social content domains.

Wylie (1974) noted that traditional self-concept inventories often assess self-esteem or a person's sense of self-worth. Wylie also observed that assessments of self-esteem frequently are dependent on the extent to which people see themselves as having certain attributes that are valued highly by their culture. The SSCS acknowledges the place of self-esteem in a broad measure of self-concept by including items in the self-image content domain that deal with a student's level of confidence that she has culturally valued personal attributes. Again, a related set of outcome confidence items asks students to rate their confidence that having those attributes will result in specific positive outcomes.

Eccles et al. (1983) have discussed how the perception of subjective task value interacts with perceptions of self-concept to produce meaningful behavior. Subjective task value indicates the importance a person places on the performance of certain behaviors or the possession of certain culturally valued attributes. The SSCS incorporates the concept of subjective task value by having students rate the degree of importance they place on the behaviors and attributes described by the SSCS items.

Data Collection

To collect my data, I entered juvenile justice facilities and residential treatment centers in Utah, Kansas, Iowa, and Washington (see Appendix) in order to collect data for the study.

Informed consent was obtained through mail. Two facilities provided me with a list of student names, legal guardians, and contact information for the legal guardians in order to obtain informed consent from the legal guardians. The other facilities mailed out the informed consent letters from their offices. In both cases, I provided self-addressed stamped envelopes so that the consent forms could be returned directly to me. In all facilities, I provided proof of the informed consent forms before access to the girls was allowed. In addition to permission from the legal guardians, I gained consent from the girls as well. All youth submitted signed assent forms before the administration of the survey. All girls who participated in the study were solicited through volunteer efforts. No one was expected or coerced to participate in the survey. Each data collection took approximately one hour. In most cases, I visited each facility twice.

The SSCS was developed for students in grades three through twelve who read at least at the third grade level. Thus, students who read at the third grade level should be able to read the majority of items on the inventory without difficulty (Gresham, Elliott, & Evans-Fernandez, 1993). For students with reading levels below the third grade, or with moderate to severe reading difficulties, I read the items aloud to be certain that the students fully understood what was being asked. Careful explanation of the directions for completing the SSCS were necessary due to the two-dimensional ratings required for items 1 to 57.

The SSCS student questionnaire may be administered individually, in small groups, or in classroom settings. In most cases, the questionnaire was admitted in a large group setting. There were a few individual administrations due to scheduling conflicts. The administration instructions are similar in all situations. Students were told that there are no right or wrong answers, that the results would not affect their school grades, and that the results would be kept confidential. The students' completion of the scale was proctored by the researcher, thus

ensuring their answers were marked in the appropriate columns and that they completed two ratings (self-confidence and importance) for each of the first 57 items, and one rating (outcome confidence) for items 58 through 72.

Data Analysis

All statistical analyses were performed using SPSS for Windows (SPSS 14.0, SPSS Inc., Chicago, IL). The study sample was described using measures of central tendency (mean) and dispersion (standard deviation and range) for continuous scaled variables and frequency and percent for categorical scaled variables. Research questions 1 through 8 were examined by using independent samples *t*-tests. All of the analyses were two-sided with a 5% alpha level.

Statistical data analysis allowed the use of mathematical principles to decide whether or not there was a statistically significant difference between the means of both populations of adolescent females on each measure of self-concept. The independent samples *t*-test is probably the most commonly used statistical data analysis procedure for answering the research questions. The independent samples *t*-test tests whether or not two independent populations have different mean values on some measure. Whether or not this represents a real difference between the two populations or is just a chance difference in the samples can be answered by using the *t*-test statistic to determine a *p*-value (probability value) that indicates how likely these results could have been gotten by chance. In other words, the *p*-value helps us to decide whether we have enough evidence to answer our research questions affirmatively (there is a difference) or negatively (there is not a difference). By convention, if the *p*-value is less than .05, we conclude that the results are statistically significant. Confidence intervals allow the establishment of a range that has a known probability of capturing the true population value.

CHAPTER 4

RESULTS AND DISCUSSION

Results

To gather data for the present study, I traveled to a total of six residential treatment centers and juvenile justice facilities in the states of Kansas, Utah, Washington, and Iowa that serve the female adolescent population (see Appendix). The majority of the respondents came from the Midwest, although there were four respondents who typically reside in California. All respondents were either currently incarcerated and in a lock-up facility or were in residential treatment facilities. Those respondents in residential treatment facilities had never been adjudicated. In total, eighty female adolescents participated in this study, forty in each group.

All statistical analyses were performed using SPSS for Windows (SPSS 14.0, SPSS Inc., Chicago, IL). The study sample was described using measures of central tendency (mean) and dispersion (standard deviation and range) for continuous scaled variables and frequency and percent for categorical scaled variables. A series of independent samples *t*-tests were computed to answer the eight research questions.

Table 1, a frequency and percentage table, shows the age of the respondents according to adjudication status and also shows the total number of respondents in each age group. The majority of respondents in each group are 15 years old. This is consistent with the literature.

Table 2, a frequency and percentage table, shows the race/ethnicity of the respondents according to adjudication status, along with the total number of respondents in each race/ethnicity category. According to Table 2, the three largest groups surveyed were Caucasian (46%), African-American (16%), and Spanish/Hispanic (16%).

Table 1

Frequency and Percent of Respondents in Each Age Group

Age of Respondent (yrs)	Adjudicated (*n*=40)		Non-Adjudicated (*n*=40)		Total (*N* = 80)	
	#	%	#	%	Frequency	%
13	2	5	5	13	7	9
14	8	20	4	10	12	15
15	10	25	19	47	29	36
16	5	13	7	17	12	15
17	15	37	5	13	20	25

Table 2

Frequency and Percent of Respondents in Each Race/Ethnicity Category

Race/Ethnicity	Adjudicated (*n*=40)		Non-Adjudicated (*n*=40)		Total (*N* = 80)	
	#	%	#	%	Frequency	%
African American	10	25	3	8	13	16
Native American	7	17	4	10	11	14
Asian/Pacific Islander	1	3	3	8	4	5
Hispanic/Spanish	6	15	7	17	13	16
Caucasian	14	35	23	57	37	46
Other	2	5	0	0	2	3

Table 3 lists the descriptive statistics for all continuous scaled variables, or the components measured by the questionnaire the female adolescents answered. The table shows the range of scores for each component measured. Seven of the eight measures showed no statistically significant difference; however, the eighth measure, the Outcome Confidence Composite, does show a statistically significant difference with a *t*-test value of 2.147.

Research Question 1 asks, Is there a difference in the mean Self-Confidence Self-Image score between female adolescents who are adjudicated and female adolescents who are not adjudicated? Table 4 shows that there was not a statistically significant difference in the mean Self-Confidence Self-Image scores between non-adjudicated and adjudicated subjects.

Table 3

*Descriptive Statistics for All Continuous Scaled Variables (*N*=80)*

	Variable	Range of Scores	Mean	*SD*	*t*-Test
Self-confidence	Self-image	74-127	101.56	13.024	-.077
	Academic	46-124	89.96	20.545	-.536
	Social	64-125	94.46	17.642	-.183
Importance	Self-image	57-140	98.24	20.685	.511
	Academic	60-137	102.74	20.505	.548
	Social	55-136	99.33	18.601	1.453
Composite	Self-confidence	55-129	93.76	18.598	-.401
	Outcome Confidence	48-126	91.88	17.783	2.147

Table 4

Self-Confidence Self-Image Group Statistics and t-*Test*

Non-Adjudicated		Adjudicated		*t*	*df**	*p*
Mean	*SD*	Mean	*SD*			
101.45	11.229	101.68	14.746	-.077	78	0.94

*$p < .05$

Research Question 2 asks, Is there a difference in the mean Self-Confidence Academic score between female adolescents who are adjudicated and female adolescents who are not adjudicated? Table 5 shows that there was not a statistically significant difference in the mean Self-Confidence Academic score between non-adjudicated and adjudicated subjects.

Table 5

Self-Confidence Academic Group Statistics and t-*Test*

Non-Adjudicated		Adjudicated		*t*	*df**	*p*
Mean	*SD*	Mean	*SD*			
88.73	21.583	91.20	19.648	-.536	78	0.593

*$p < .05$

Research Question 3 asks, Is there a difference in the mean Self-Confidence Social score between female adolescents who are adjudicated and female adolescents who are not

adjudicated? Table 6 shows that there was not a statistically significant difference in the mean Self-Confidence Social score between non-adjudicated and adjudicated subjects.

Table 6

Self-Confidence Social Group Statistics and t-*Test*

Non-Adjudicated		Adjudicated		*t*	*df**	*p*
Mean	*SD*	Mean	*SD*			
94.10	17.785	94.83	17.717	-.183	78	0.856

**p* < .05

Research Question 4 asks, Is there a difference in the mean Self-Confidence Composite score between female adolescents who are adjudicated and female adolescents who are not adjudicated? Table 7 shows that there was not a statistically significant difference in the mean Self-Confidence Composite score between the two groups.

Table 7

Self-Confidence Composite Group Statistics and t-*Test*

Non-Adjudicated		Adjudicated		*t*	*df**	*p*
Mean	*SD*	Mean	*SD*			
92.93	17.567	94.60	19.764	-.401	78	0.690

**p* < .05

Research Question 5 asks, Is there a difference in the mean importance self-image score between female adolescents who are adjudicated and female adolescents who are not adjudicated? Table 8 shows that there was not a statistically significant difference in the mean Importance Self-Image score between the two groups.

Table 8

Importance Self-Image Group Statistics and t-*Test*

Non-Adjudicated		Adjudicated		*t*	*df**	*p*
Mean	*SD*	Mean	*SD*			
99.43	19.292	97.05	22.173	.511	78	0.611

**p* < .05

Research Question 6 asks, Is there a difference in the mean Importance Academic score between female adolescents who are adjudicated and female adolescents who are not adjudicated? Table 9 shows that there was not a statistically significant difference in the mean Importance Academic score between non-adjudicated and adjudicated subjects.

Table 9

Importance Academic Group Statistics and t-*Test*

Non-Adjudicated		Adjudicated		*t*	*df**	*p*
Mean	*SD*	Mean	*SD*			
104.00	19.874	101.48	21.295	.548	78	0.585

*$p < .05$

Research Question 7 asks, Is there a difference in the mean Importance Social score between female adolescents who are adjudicated and female adolescents who are not adjudicated? Table 10 shows that there was not a statistically significant difference in the mean Importance Social score between the two groups.

Table 10

Importance Social Group Statistics and t-*Test*

Non-Adjudicated		Adjudicated		*t*	*df**	*p*
Mean	*SD*	Mean	*SD*			
102.33	17.072	96.33	19.772	1.453	78	0.150

*$p < .05$

Research Question 8 asks, Is there a difference in the mean Outcome Confidence Composite score between female adolescents who are adjudicated and female adolescents who are not adjudicated? Table 11 shows that there was a statistically significant difference in the mean Outcome Confidence Composite score between the two groups. The mean Outcome Confidence Composite score was 96.1 with a standard deviation of 13 for the non-adjudicated groups versus a mean score of 87.7 with a standard deviation of 21.1 for the adjudicated group

(*t*= 2.15; *df*=78; *p*=0.035). Thus it was concluded that there is a difference in the means betweens the two groups with the non-adjudicated group having a higher Outcome Confidence Composite score than the adjudicated group.

Table 11

Outcome Confidence Composite Group Statistics and t-*Test*

Non-Adjudicated		Adjudicated		*t*	*df**	*p*
Mean	*SD*	Mean	*SD*			
96.05	12.653	87.70	21.089	2.147	78	0.035

*$p < .05$

Discussion

This study compared the self-image, academic, and social self-concepts of two groups of female adolescents with emotional disturbance: those who are in residential treatment centers who have not offended and those who are in juvenile detention centers who have offended. Many of the characteristics of these girls are identical: (a) all have been unsuccessful in traditional school settings; (b) all have at least one psychiatric diagnosis; (c) all have had traumatic experiences in their lifetimes; (d) all have problems with social interaction and friendships; and (e) all are living away from their families of origin. The data show no difference between these two populations of females concerning how confident they are that they can perform certain behaviors and how important performing these behaviors is to their self-image, academic, and social self-concepts. However, the final analysis concerning outcome confidence shows that non-offenders have a higher outcome confidence composite score than the adjudicated group. The outcome confidence composite score measures how confident the girls are that their behavior actually influences the outcome of a situation. It is not at all surprising that the non-offender

group would score significantly higher on this score based on what we know about the two groups from the literature.

The literature shows that female juvenile offenders report significantly more psychopathology than non-offenders. The most frequent disorders for offenders are conduct disorder, substance abuse/dependence, alcohol abuse/dependence, depression, and post traumatic stress disorder. In addition, offenders report having made serious suicide attempts and multiple suicide attempts as compared to non-offenders. In contrast, depression is the most common diagnosis reported by non-offenders. Offenders are often diagnosed with several comorbid disorders, whereas, non-offenders are often diagnosed with only one or two disorders. Offenders report significantly more types of traumatic experiences than non-offenders, with higher levels of personal victimization, including physical and sexual abuse. A significantly greater proportion of non-offenders live in intact families; offenders are more likely to have been homeless, living independently, in a court-ordered residential or foster care setting, or with extended family. Offenders have a higher level of familial psychopathology, criminality, and substance abuse, and are more likely to have another family member who had been incarcerated. Offenders are more likely to have a family member with at least one psychological disorder and experience a high rate of parental substance abuse when compared with non-offenders. Offenders are also more likely to have dropped out of high school before year 10. Fejes-Mendoza et al., (1995) found that dependency behaviors, such as lack of problem-solving skills and avoidance of challenges, impede adolescent females, both those that do offend and those that do not, in their process of developing healthy psychological and emotional functioning. Current research also describes the adolescent female offender as feeling that life is oppressive, and lacking hope for the future

(Barnow, Schuckit, Lucht, Ulrich, & Freyberger, 2002; Dishion, Capaldi, & Yoerger, 1999; OJJDP, 1998).

Although current research on female adolescents with emotional disturbance who have not offended is sorely lacking, available research suggests that these females may have more protective factors that assist them in avoiding traveling the pathways to developing severe socially maladjusted behavior. As discussed earlier, many people overcome risks or do not develop antisocial behavior patterns despite their exposure to high levels of risk. These individuals have certain factors that seem to protect them from deviant behavior or development of maladaptive and deviant behaviors. Protective factors in the context refer to individual or environmental characteristics that reduce the possibility of female juvenile offending, while resilience refers to thriving in spite of significant challenges faced by the child or youth (Mullis et al., 2004). Protective factors and resilience work to ameliorate, counteract, or preclude the ill effects predicted by risks (Hawkins, Catalano, & Miller, 1992; Ladd & Burgess, 2000).

Protective factors or characteristics of resilient female adolescents have been identified in the literature. These include: (a) an ability to gain positive attention (Werner, 1994); (b) stable care-giving (Herrenkohl, Herrenkohl, & Egolf, 1994); (c) a quality relationship with at least one caregiver (Werner, 1994), or having reference persons outside the core family and with larger available social networks (Scales, et al., 2000); (d) confidence and optimism (Brooks, 1994); (e) sense of self-esteem (Chapman & Mullis, 1999); (f) self-efficacy (Scales et al., 2000); (g) a positive self-concept (Werner, 1994); (h) a sense of autonomy (Brooks, 1994); (i) social cognitive abilities (Bush, Mullis, & Mullis, 2000); (j) stimulating environments, emotional support, structure, and safety from their environment (Smetana & Daddis, 2002); and (k)

developmental assets of youth supported by community activities and social supports outside the family for youth (Scales et al., 2000).

The female adolescents who are non-offenders in this study mostly came from intact families who were supportive of their daughter's ability to overcome difficulties. All females in the residential treatment facilities were non-offenders and the treatment in these facilities centered on building girls' self-esteem through academic success, community involvement, individual and family counseling, and achievement of personal goals. The numbers were very small; the largest facility the researcher visited was a 16-bed facility, the others were 9, 12, and 10, and the student to staff ratio was approximately 2:1. Family involvement was crucial and expected. Treatment was deliberate and intense, and the girls were taught within the facilities by licensed teachers in each content area. All of these factors helped build protective factors and strengthen existing ones. Also, none of the girls in these treatment facilities had ever offended. Most were there because of mental health issues that kept the girls from being able to function in traditional school settings. These young women could have easily been offenders save for several factors, including having an intact family unit, having parents with a high income and education level, and not having family members who engaged in criminal activity.

These treatment facilities were able to provide several important things identified in the literature as being critical in the successful intervention of female adolescents with emotional disturbance. Study results underscore the need for teachers of female students with emotional disturbance to strengthen these girls' academic achievement and skills supportive of achievement (Cullinan, Osborne, & Epstein, 2004). Academic improvement, obviously important for its own sake, can also improve behavior in other areas (Penno, Frank, & Wacker, 2000). Other skills

supportive of achievement include study and learning strategies (Kerr & Nelson, 2002; Scruggs & Mastropieri, 2000) and career, vocational, and other transition skills (Bullis & Cheney, 1999).

The juvenile justice facilities relied on a program called Positive Peer Culture for the female adolescents it serves. The basic premise of this program relies on the youth to be helpful to one another in solving their issues, calls for adults to be facilitators rather than teachers, and encourages youth to identify and talk openly about their problems. Counseling for the females is provided by outside agencies and only if court ordered. Students are expected to attend school, and the schools are structured like traditional schools, with the exception being that the males and females are segregated. There are no social skills being taught and no emphasis on study skills; rather the emphasis is on treatment, which always encompasses taking responsibility for one's decisions and actions, clarifying values and beliefs, and learning to accept decisions of authority. Although these skills are important and necessary to be successful, there is no direct teaching of how this is to be accomplished, and more often than not, these young women find themselves traveling down the path of more and more criminal behavior, rather than understanding and mastering how to overcome their distorted realities and maladaptive behaviors.

There is emerging evidence that the characteristics of female offenders are distinctly different from male offenders (Chamberlain & Reid, 1994; Hoyt & Scherer, 1998; Miller, Trapani, Fejes-Mendoza, Eggleston, & Dwiggins, 1995). At a time when crime among juvenile females is rising and has the potential to become a leading public health concern (Office of Juvenile Justice and Delinquency Prevention, 1999; Rutter, Giller, & Hagell, 1998), it is important that we have a comprehensive understanding of the psychological profile of young female offenders in order to identify and service their unmet needs.

CHAPTER 5

SUMMARY, IMPLICATIONS, FUTURE RESEARCH

Summary

The study reported herein compared the self-image, academic, and social self-concepts of female adolescents labeled with emotional disturbance who have and have not offended. Results of the study indicate that there were no significant differences on any of the measures of self-concept except the final analysis concerning outcome confidence. Results of this analysis shows that non-offenders have a higher outcome confidence composite score than the adjudicated group. The outcome confidence composite score measures how confident the girls are that their behavior actually influences the outcome of a situation. In other words, girls who have not offended show a higher confidence that they have control over the outcomes in their lives. The study furthered the cause for research concerning female juvenile delinquency by suggesting that both populations of girls are actually subsets of the same population, with the offenders having experienced or suffered more severe forms of the characteristics that show their emotional disturbance.

After visiting these facilities and seeing the different programs in action, it is very easy to understand how female adolescents who have offended see very little future for themselves, or feel they have any control over the outcome of situations in which they are involved. The juvenile justice programs for females in this country are still few and far between and are lacking in gender specific programming. More research must be done in order to meet the needs of the growing numbers of female offenders. More research could also aid in the prevention of female offending.

Implications

The finding of this study that female adolescents with emotional disturbance who have not offended have higher Outcome Confidence than female adolescents with emotional disturbance who have offended is compatible with other information that adolescent females with emotional disturbance tend to exhibit few personal strengths and social resources (e.g., Epstein & Sharma, 1998) that might mitigate some debilitating consequences of their maladaptive behaviors and emotions (Goodman et al., 1998). It seems from the results of this study that both populations of girls are actually subsets of the same population, with the offenders having experienced or suffered more severe forms of the characteristics that show their emotional disturbance. This is also borne out in the existing literature concerning female adolescents with emotional disturbance, both offenders and non-offenders.

As stated earlier, positive regard for the self has long been viewed as an essential component of mental health (e.g., Jahoda, 1958; Rogers, 1967; Taylor & Brown, 1988). Empirical research supports such theories by demonstrating robust links between self-concept and functioning in multiple psychological domains (Baumeister, 1998; Harter, 1998). Self-concept is associated with how individuals feel, how they think, and how they behave. Associations between self-concept and affect have been documented in both correlational and diary studies (Kling, Hyde, Showers, & Buswell, 1999). Repeatedly, high self-concept has been associated with higher levels of positive affect and lower levels of negative affect and depression (Avison & McAlpine, 1992; Brage & Meredith, 1994; Brown & Mankowski, 1993). In addition, self-concept is associated with successful adjustment. If we are to intervene with these females before they reach the point of offending, interventions aimed at helping build and maintain protective factors and resiliency must be implemented. Of the protective factors identified in the

literature, optimism, confidence, sense of self-esteem, positive self-concept, and self efficacy are all said to be characteristics of resilient females (Brooks, 1994; Chapman & Mullis, 1999; Mullis, Cornille, Mullis, & Huber, 2004; Scales et al., 2000; Werner, 1994), yet in our juvenile justice treatment centers for female adolescents, programs shown to increase skills that enhance self-concept are simply not implemented.

Girls entering the juvenile justice system often find themselves placed in programs that were created for delinquent boys. A study of 443 delinquency prevention program evaluations found that 35% of the programs served only males and 43% served primarily boys. Only 2 % of delinquency programs served only girls and 6% served primarily girls (Lipsey, 1990). A review of promising programs described by the Office of Juvenile Justice and Delinquency Prevention referred to 24 programs specifically for boys and two programs for girls (Howell, 1995). Nationally, there has been an increased interest in identifying effective or promising practices that address the unique needs of at-risk girls. Despite this interest, very little is known about specific interventions or skills in working with girls (Bloom & Covington, 2004). While there are a few promising programs for girls, there is little literature on the effectiveness of the various approaches (Greene & Peters, 1998).

Despite the increasing recognition that high levels of untreated mental health problems exist among female adolescents in custody (Kataoka et al., 2001; Shelton, 2001; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Ulzen & Hamilton, 1998), addressing these problems remains a low priority. A methodologically sophisticated study of 656 female juveniles in custody shows that over two-thirds of these girls qualified for more than one psychiatric diagnosis (Teplin et al., 2002). Females had significantly higher odds than males of having a psychiatric diagnosis. Addressing these needs of females remains a low priority partly because

females are underrepresented in the literature and the offender population.

Increasing female delinquency is sobering because of the problematic behaviors themselves and accompanying sanctions, and also because of a myriad of other problems that often exist concomitantly with girls' delinquent involvement (Hartwig & Myers, 2003; Rosenbaum, 1989). These additional problems include family and relationship dysfunction, higher incidences of violence, drug use, deficiencies in mental health, sexual promiscuity and victimization, teen pregnancy, and dropping out of school (Ellickson & Saner, 1997; Fergusson & Woodward, 2000; Pajer, 1998). The ramifications of female adolescent delinquency do not end with the transition to young adulthood (Bardone, Moffitt, Caspi, & Dickson, 1996; Robins, 1996; Rutter, 1992, 1996). Studies reveal a continuity of problem behaviors throughout adulthood such as criminal behavior (Gilfus, 1989; Nagin, Pogarsky, & Farrington, 1997), dysfunctional relationships (Caspi & Elder, 1988), and poor mental health (Robins & Price, 1991; Rowe, Sullivan, Mulder, & Joyce, 1996).

Future Research

It is widely accepted that juvenile delinquency is the result of complex interactions between numerous risk factors over time and across environments (Dixon, Howie, & Starling, 2004). Delineating these pathways is less clearly defined for females than for males. The formulation of models to explain the developmental pathways to female delinquency can be informed by greater understanding of the relations between individual risk factors associated with delinquency. Evidence suggests that female juvenile offenders are particularly susceptible to trauma exposure and trauma-related symptomology, and that trauma is more strongly associated with involvement in serious delinquent activity in girls than in boys (Breslau, Davis,

Andreski, & Peterson, 1991; Cauffman et al., 1998; Hoyt & Scherer, 1998; Rivera & Widom, 1990).

By continuing to build the database already begun by this research, individual characteristics such as race/ethnicity, age at time of first adjudication, trauma histories, and others could be used to help understand delinquent behavior and pathways for females. Although media attention to female juvenile crime has increased over the past decade (Bloom & Covington, 2001), the research on issues, policy, and programs for at-risk adolescent females has, for the most part, been ignored. Attempts to understand delinquent behavior among female adolescents have included few adolescent females in research studies. Much of the research on differences between male and female adolescents focuses on developmental issues rather than gender, race, and socioeconomic status. Girls and young women also confront additional problems unique to their gender such as sexual abuse, battering, teenage pregnancy, single parenthood, and disparity in educational, vocational, and employment opportunities. More research is needed for evidence- based interventions for this particular population.

Research is needed that is devoted to the unique issues of female delinquency, the nature and causes of girls' involvement in crime, and the developmental issues that are particular to girls and young women. The ways in which girls develop their identity and relationships with others have begun to influence delinquency theory and practice (Bloom & Covington, 2001). There is an evolving body of research documenting distinct gender differences in pathways to crime and a growing number of scholars have attempted to determine how males and females vary in terms of their paths to lawbreaking (Arnold, 1995). Research data consistently point to a strong link between victimization, trauma, and girls' delinquency (American Correctional Association, 1990; Belknap & Holsinger, 1998; Chesney-Lind & Shelden, 1992).

It is important to understand the context of girls' delinquency. Current findings on female delinquency confirm there are a number of similar correlates for delinquency between boys and girls, including lower socioeconomic status, disrupted family backgrounds, and difficulties in school. However, gender specific differences among delinquents exist and have a significant impact on their treatment and management within the juvenile justice system. There is a growing body of research which documents that delinquent girls and young women have disproportionately high rates of victimization, particularly incest, rape, and battering preceding their offending behavior (American Correctional Association, 1990; Belknap & Holsinger, 1998). The research suggests that prior victimization, offending (e.g., running away, prostitution, and drug law violations) and subsequent incarceration are interrelated (Arnold, 1990; Chesney-Lind & Shelden, 1998; Owen & Bloom, 1998). The juvenile justice system's response to these differences has not been the development of gender responsive policy and programming. The current system has been designed to deal with the problems of boys and young men and, in doing so, has neglected the gender specific programming and treatment needs of girls and young women. Girls and young women respond differently than young males to program interventions and treatment. These differences in system response and individual reaction to treatment require separate research and planning to meet the needs of young females enmeshed in a system designed to manage and serve a predominantly male population.

APPENDIX

FACILITIES THAT PARTICIPATED IN STUDY

Iowa

1. Clarinda Academy
1820 North 16th Street
Clarinda, IA 51632

Contact person: Gary Rock

Kansas

2. Beloit Juvenile Correctional Facility
1720 N. Hersey
P.O. Box 427
Beloit, KS 67420

Contact person: Katrina Pollet

Utah

3. Kolob Canyon Residential Treatment Center
P.O. Box 531
1338 E. 600 S.
New Harmony, UT 84757

Contact person: Jalane Christian-stoker

4. LaEuropa Academy
P.O. Box 575780
Murray, UT 84157

Contact person: Nora Urbanelli

5. Moonridge Academy
9450 W. 2400 S.
New Harmony, UT 84757

Contact person: Jalane Christian-stoker

Washington

6. Excelsior Residential Treatment
W. 3754 Indian Trail Road
Spokane, WA 99208

Contact person: Anna Hernandez

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